**CAT-103**
State Form 25341
(R2 / 3-13)

Indiana Department of Revenue

# County Admissions Tax Return

**I.C. 6-9-13-1**

Your FID# (Federal Identification Number)
__ __ - __ __ __ __ __ __ __

_____
Tax Period (Month and Year)

_____
Due Date
(Due before 15th of the month following collection.)

_____
County

Name of Taxpayer _____

Address _____

City _____ State _____ Zip _____

A. Enter total admissions for professional sporting events for _____ (Month/Year) $ _____

B. Enter county admissions tax due (10% of Line A) $ _____

C. Total Amount Due $ _____

Please make check payable to the:
**Indiana Department of Revenue**

Payments must be made with U.S. funds.
Please do not include check stubs when mailing your payments.

Mail to: Indiana Department of Revenue
100 N Senate Ave IGCN 140
Indianapolis, IN 46204

I declare under the penalty of perjury that this is a true, correct and complete return.

_____ Signature/Title

_____ Date

_____ Phone

**This Return Must Be Filed Even If No Tax Is Due**