



Finance Department

finance@waukeganil.gov
Office: (847) 599-2540

Terminal Operator Push Tax Return
Pursuant to Ordinance 20-O-28

Return for the month of: _____ Year: _____

Operator Name: _____ EIN: _____

Requirement: Please attach breakdown which includes number of machines in play and locations of machines by business with the total number of push plays per machine.

1. Total number of push plays for period: _____ # _____

2. Total Tax Due (Line 1 * .01) for period: _____ \$ _____

3. Late Fee Penalty if paid after 20th (Line 2 * .05): _ \$ _____

4. Total Due, (Line 2 + Line 3) _____ \$ _____

I declare that I have examined this tax form, and to the best of my knowledge, the information entered on this form is true, correct and complete:

Preparer Name Signature Title Date

Preparer Address City, State, Zip Phone Number

Please return completed form;

Via Email: _____ finance@waukeganil.gov

Via Mail: _____ City of Waukegan
Attention: Push tax
100 N. Martin Luther King Jr. Ave
Waukegan, IL 60085