



Finance Department

fdepartment@hpil.org
Office: (630) 823-5790

Terminal Operator Push Tax Return
Pursuant to Village of Hanover Park Municipal Code, Article XV
Municipal Amusement Tax

Return for the month of: _____ Year: _____

Operator Name: _____ EIN: _____

[X] Requirement: Attach breakdown which includes the list of the machines in play identified by Village sticker tax numbers with and locations of machines by business with the total number of push plays per each machine for the month stated above

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 * .015 * number of months late following the month in which payment for the push tax is made) : _____ \$ _____

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: fdepartment@hpil.org

Via Mail: Village of Hanover Park
Attention: Push tax (Finance Department)
2121 W. Lake Street
Hanover Park, IL 60133