



CITY OF AVALON
P.O. Box 707
Avalon, CA 90704
(310) 510-0220

REPORT OF TAX ON ADMISSIONS

Business Name: _____

Mailing Address: _____

Check Reporting Month

<input type="checkbox"/> January 2022	<input type="checkbox"/> May 2022	<input type="checkbox"/> September 2022
<input type="checkbox"/> February 2022	<input type="checkbox"/> June 2022	<input type="checkbox"/> October 2022
<input type="checkbox"/> March 2022	<input type="checkbox"/> July 2022	<input type="checkbox"/> November 2022
<input type="checkbox"/> April 2022	<input type="checkbox"/> August 2022	<input type="checkbox"/> December 2022

BEGINNING RECEIPT NUMBER _____

ENDING RECEIPT NUMBER _____

ADDITIONAL REVENUE OUTSIDE RECEIPT SYSTEM _____

***Fees for the reporting month shall be paid on or before the last day of the following calendar month.**

1. TOTAL GROSS RECEIPTS..... \$ _____

2. ADMISSIONS TAX..(4% of Line 1)..... \$ _____

3. PENALTY AND INTEREST FOR LATE PAYMENT (if applicable)
PENALTY..... \$ _____
INTEREST..... \$ _____

LATE PAYMENT: If the payment is not received by the last day of the month immediately following the reporting period (i.e., reporting for the month of May is due June 30), add a 10% penalty, plus interest at the rate of ½ of 1% (.005) per month or portion thereof, from the date the Admissions Tax becomes delinquent.

4. TOTAL AMOUNT DUE AND PAYABLE (Line 2 plus Line 3)..... \$ _____

.....**Make Check Payable to City of Avalon**.....

All calculations must be calculated to the penny, not rounded to the nearest dollar

I declare under penalty of perjury that I am authorized to make this statement, and that to the best of my knowledge and belief, it is a true, correct and a complete statement made in good faith for the period stated, in compliance with the provisions of Section 3-3.304 of the Avalon Municipal Code.

Signature of Operator or Agent	Date Report Submitted
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Please provide email address for future correspondence and to receive this invoice:

_____ (Email Address)