



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

January 2019	May 2019	September 2019
February 2019	June 2019	October 2019
March 2019	July 2019	November 2019
April 2019	August 2019	December 2019

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)