Business Name: _____
Property Address: _____
Owner Name: _____
Mailing Address: _____
_____

# City of Avalon Transient Tax Report

## Reporting Month of

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| January | ☐ | 2016 | May | ☐ | 2016 | September | ☐ | 2016 |
| February | ☐ | 2016 | June | ☐ | 2016 | October | ☐ | 2016 |
| March | ☐ | 2016 | July | ☐ | 2016 | November | ☐ | 2016 |
| April | ☐ | 2016 | August | ☐ | 2016 | December | ☐ | 2016 |

***CIRCLE REPORTING MONTH***

Number of rooms available for rent during reporting period……..._____
Number of rooms actually rented during reporting period……..._____

1. Total Rental Receipts…….$_____
2. Less: Rental receipts for occupancies of 30 consecutive days or more or exempt occupancies ……$_____
3. Rental Receipts on which Transient Tax applies……. $_____
4. Amount of Current Transient Tax (Line 3 times 12%)……. $_____
5. Amount of Current Transient Tax received from resellers (Attach copy of report form)……..$_____
6. Adjustment of prior reports for transients who complete 30 consecutive days to qualify as a permanent lodger:
   Rental Receipts Previously Reported as Transients$.....x12% (_____)

7. Sub Total (Line 4 plus Line 5, Less Line 6)……_____
   Interest (_____)
   Penalty (_____)
8. Penalty and interest for Late Payment (if applicable)
   Payment becomes delinquent on the first day of the second month following the close of the reporting period. Add 10% if payment is delinquent plus interest at the rate of one-half of one percent (1/2 of 1%), per month or fraction thereof, on the tax exclusive of penalties. Add 20% plus interest if payment is delinquent in excess of 30 days. Sec 3-3 & 3.3.407
   9. Total Amount due and payable (Line 7 plus Line 8)……. $_____

9. I declare under penalty of making a false declaration that I am authorized to make this statement and that to the best of my knowledge and belief it is a true statement made in good faith for the period stated, in compliance with the provisions of Article 4, Chapter3, Title 3, Avalon Municipal Code.

_____
Signature of Operator of Agent  Title  Date

**Please make Check or Money Order payable to City of Avalon and mail to: Box 707, Avalon, CA 90704**

*****All calculations must be calculated to the penny, not rounded up or down*****

03/13/2015