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

_____

# City of Avalon Transient Tax Report
## Reporting Month of

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| ☐ | January | 2018 | ☐ | May | 2018 | ☐ | September | 2018 |
| ☐ | February | 2018 | ☐ | June | 2018 | ☐ | October | 2018 |
| ☐ | March | 2018 | ☐ | July | 2018 | ☐ | November | 2018 |
| ☐ | April | 2018 | ☐ | August | 2018 | ☐ | December | 2018 |

***CHECK 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****