



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

## REPORT OF TAX ON ADMISSIONS

**Business Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

### Circle Reporting Month

January 2017	May 2017	September 2017
February 2017	June 2017	October 2017
March 2017	July 2017	November 2017
April 2017	August 2017	December 2017

**\*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.

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

\_\_\_\_\_  
 (Email Address)