



Business Name: \_\_\_\_\_  
Property Address: \_\_\_\_\_  
Owner Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
  
\_\_\_\_\_

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

January 2020	May 2020	September 2020
February 2020	June 2020	October 2020
March 2020	July 2020	November 2020
April 2020	August 2020	December 2020

**\*CJ GEMREPORTING 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\*\***