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 2026	☐	May 2026	☐	September 2026
☐	February 2026	☐	June 2026	☐	October 2026
☐	March 2026	☐	July 2026	☐	November 2026
☐	April 2026	☐	August 2026	☐	December 2026

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**

Please provide email address for future correspondence and to receive this invoice:

_____
(Email Address)