



**CITY OF SANTA CRUZ
ADMISSION TAX RETURN**

**FOR THE MONTH OF
DUE**

1. TOTAL RECEIPTS FROM ADMISSIONS	1.	\$	•
2. LESS: DEDUCTION FOR REFUNDED ADMISSIONS	2.	\$	•
3. TAXABLE RECEIPTS (LINE 1 MINUS LINE 2)	3.	\$	•
4. TAX DUE (5% OF LINE 3)	4.	\$	•
5. LATE PENALTY (10% x Line 4 for first 30 days late Plus an additional 15% x line 4 (for over 30 days late))	5.	\$	•
6. INTEREST (1.5% x Line 4 x number of months late)	6.	\$	•
7. TOTAL TAX, PENALTY AND INTEREST (SUM OF LINES 4, 5, AND 6)	7.	\$	•

I declare under penalty of perjury that the information contained herein is true and correct.

SIGNATURE and TITLE

DATE:
(Please detach along perforation)

PHONE NUMBER:



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