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.

_____   DATE:_____   PHONE NUMBER:_____
SIGNATURE and TITLE

Please Remit to: City of Santa Cruz 809 Center Street Room 101 Santa Cruz, CA 95060 (831) 420-5070 Fax: (831) 420-5051