

NEW ORLEANS COMPANY

New Orleans Tourism Support Assessment Itemized Schedule of Waivers & Exceptions

Member
Name: _____
Member
Account #: _____

Filing Period: _____

Check In	Check Out	Name of Individual, Group, Association, or Other	Amount	Reason

Total *(Must equal the difference between the amount reported on state tax return & CVB Assessment form.)* _____

**Note: This form must be completed to report any discrepancies between tax returns and monthly hotel assessment forms. This detailed report will be required to avoid delinquent penalties.*

Please duplicate this page if additional space is needed.