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.