



Cannabis Business Tax Remittance Adjustment Form

Office of the City Treasurer
Business Tax Program
1200 Third Avenue Suite #100
San Diego, CA 92101
(619) 615-1580

This form should be used to document adjustments to Gross Receipts for your monthly Cannabis Business Tax. The total on this form must be transferred to line 2 (Adjustments) of the Cannabis Tax Remittance Form.

Business Name: _____ Business Tax Certificate #: _____

Address: _____

Tax Period (Indicate month and year): _____

Description of Adjustments		Amount
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
Total		

I declare under penalty of perjury that the statements herein are true, correct, and complete.

Print Name: _____ Authorized Signature: _____

Date: _____ Contact Phone #: _____