



# 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.		
<b>Total</b>		

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

Print Name: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_