## **CANNABIS BUSINESS TAX REMITTANCE FORM**



(Pursuant to SDMC\_Article 4, Division 1)

Please submit the completed form and payment at:

Office of the City Treasurer Business Tax Program – Cannabis Tax 1200 Third Avenue Suite #100 San Diego, CA 92101

The Cannabis Business Tax is imposed on every person engaged in cannabis business within the City of San Diego as defined in San Diego Municipal Code (SDMC) §34.0103 Payment of the tax in accordance with SDMC §34.0110 does not authorize the unlawful business. Cannabis Business Tax filings are due on or before the last day of the month following the reporting month. In the event the last day of the month falls on a weekend or recognized City holiday, the due date shall be the next regular business day.

Business Name:	Business Tax Certificate #:			
Address:				
Tax Period (Indicate mon	th-year):	State License #:		
Please select type of busin	ness conducted within the City of S	San Diego:		
	Box 1 – Calculation	of Cannab	is Business T	.'ax
1. Gross Receipts for T	ax Period			
	stments (Must be itemized, docum	ented, and at	tached)	
3. Taxable Gross Recei	pts (Subtract line 2 from line 1)			
4. Tax Due (Multiply I	Line 3 by .02 or .08) **See Instruc	tions**	Rate:	
5. Other Credits				
6. Total Amount Due (	Subtract line 5 from line 4)			
ective 05/01/2022, the tax rate for Can	nabis Production Facilities (cultivation, manufact	uring, distribution	and storage activities) is	s 2%. Retail outlets and Non-Storefront Retail remain
				ar business day if last day of month remit the amount shown on line 6.
	<u>LATE</u> :	<b>PAYMENT</b>	<u>'S</u>	
Dependent on how	ate your payment is, complet	te either Box	2 or Box 3. DO	NOT COMPLETE BOTH BOXES.
Box 2 - Late	Tax remittances not excee	ding 1 cal	endar month	beyond the due date
7. 25% Penalty (line 6				
8. Daily Interest on Ta	x (line 6 multiplied by the number	of days late	and .0005)	
9. Total Penalty and In	terest Due (Sum of lines 7 and 8)			
10. Total Amount Due (	Sum of lines 6 and 9)			
	te Tax remittances exceed	ing 1 caler	dar month b	eyond the due date
11. 50% Penalty (line 6				
_	x (line 6 multiplied by the number	•		
	nalty (line 11 multiplied by the nur	•	ate and .0005)	
1 .	terest Due (Sum of lines 11, 12 and	13)		
15. Total Amount Due (				
Information provided	on this form will be maintained as	confidential u	nder San Diego M	Iunicipal Code § 34.0113(e).
I declare under penalty of	f perjury that the statements herei	n and any att	achments are tru	ue, correct, and complete.
Print Name:	Authorized Signature:			
Date:	Contact Phone #:		Email:	

Instructions to assist with the completion of this remittance form can be found at www.sandiego.gov/cannabistax or call (619) 615-1580 REV. 05/20/2022