## 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 month-year):		
Information provided on this form will be main	tained as confidential under San Diego Mu	nicipal Code § 34.0113(e).
Box 1 – Calculation of Cannabis Business Tax		
1. Gross Receipts for Tax Period		
2. Gross Receipts Adjustments (Must be item	ized, documented, and attached)	
3. Taxable Gross Receipts (Subtract line 2 fro	om line 1)	
4. Tax Due (Multiply line 3 by 8%)		
5. Other Credits		
6. Total Amount Due (Subtract line 5 from lin	ne 4)	
If payment is timely (paid by last day of month following reporting month or next regular business day if last day of month is on weekend or City recognized holiday) <b>STOP</b> . Your payment calculation is complete – remit the amount shown on line 6.		
<u>LATE PAYMENTS</u>		
Dependent on how late your payment is, complete either Box 2 or Box 3. DO NOT COMPLETE BOTH BOXES.		
Box 2 - Late Tax remittances not exceeding 1 calendar month beyond the due date		
7. 25% Penalty (line 6 multiplied by .25)		
8. Daily Interest on Tax (line 6 multiplied by		
9. Total Penalty and Interest Due (Sum of lin	es 7 and 8)	
10. Total Amount Due (Sum of lines 6 and 9)		
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11. 50% Penalty (line 6 multiplied by .50)	es exceeding 1 calendar month b	eyona tne aue aate
12. Daily Interest on Tax (line 6 multiplied by	the number of develote and coop	
13. Daily Interest on Penalty (line 11 multiplied by		
14. Total Penalty and Interest Due (Sum of lin		
	es 11, 12 and 13)	
15. Total Amount Due (Sum of lines 6 and 14)		
I declare under penalty of perjury that the states	ments herein and any attachments are true	e, correct, and complete.
rint Name: Authorized Signature:		
Date: Contact Phone #:		