

**SANTA CRUZ COUNTY TREASURER-TAX COLLECTOR**  
**CANNABIS BUSINESS TAX (CBT) Event STATEMENT**

SUBMIT FORM AND PAYMENT TO: P.O. BOX 5639, SANTA CRUZ CA 95063  
TELEPHONE (831) 454-2510 FAX (831) 454-2257 Email: [CannabisWebMail@santacruzcountyca.gov](mailto:CannabisWebMail@santacruzcountyca.gov)

**Business Name:** \_\_\_\_\_ **Business Address:** \_\_\_\_\_  
**Business Phone:** \_\_\_\_\_ **Reporting Period** \_\_\_\_\_

*To file this reporting form timely, it is **due within 10 days after the last day of the event.** All fields must be filled in completely or form may be returned and penalties may be assessed.*

1. Gross Receipts for Cannabis Business (Attach supporting documentation).....\$ \_\_\_\_\_
2. Exclusions per SCCC 4.06.030 (E) (Must be itemized, documented and attached).....\$ \_\_\_\_\_
3. Net Taxable Receipts (Line 1 less Line 2).....\$ \_\_\_\_\_
4. **TAX DUE** (Multiply amount on Line 3 times .07).....\$

*If your CBT remittance payment is made **after the 10<sup>th</sup> day of the last day of the event, penalties and interest apply and other consequences could result in license suspension.***

5. **Penalty 1:** Assessed on the first day after the due date if the tax has not been paid  
(Multiply amount on Line 4 by 0.25).....\$ \_\_\_\_\_
6. **Penalty 2:** Additional penalty assessed if tax remains unpaid more than one calendar month beyond the due date (Multiply amount on Line 4 by 0.25).....\$ \_\_\_\_\_
7. **Interest on Tax Due.** (Multiply the number of months Past Due times the amount on Line 4, and multiply that by .015).....\$ \_\_\_\_\_
8. **Interest on Penalty 1:** Interest on Penalty 1 is accrued from the first day Penalty 1 was assessed. (Multiply the number of months Past Due times the amount on Line 5, and multiply that by .015).....\$ \_\_\_\_\_
9. **Interest on Penalty 2:** Assessed when payment is made more than one calendar month beyond the due date. Interest on Penalty 2 is accrued from the first day Penalty 2 was assessed. (Multiply the number of months Past Due times the amount on Line 6, and multiply that by .015).....\$ \_\_\_\_\_
- TOTAL Tax, Penalties and Interest DUE (Add Lines 4 through 9).....\$**

**I declare, under penalty of perjury, that the above is true and correct to the best of my knowledge and belief.**

\_\_\_\_\_  
Signature  
  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Printed Name  
  
\_\_\_\_\_  
Contact Phone