

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

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 10th 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