Cannabis Business Tax Remittance Form

GROSS RECEIPTS TAX: Retail & Special Events
(Pursuant to AMC Chapter 3.60)
Ordinance 594 Measure “S”

Please submit the completed form and payment to the following address:
City Treasure
Cannabis Business Excise Tax
11600 Air Expressway
Adelanto, CA 92301

IMPORTANT NOTE: Please make checks payable to the City of Adelanto. All payments must be rounded to the nearest whole dollar.

Pursuant to Ordinance No. 594 regarding Measure “S”, all persons engaged in cannabis business within the City of Adelanto as defined in Municipal Code (AMC) §3.60.010 payment of the tax in accordance with AMC §3.60.040 does not authorize the unlawful business. Cannabis Business Tax fillings are due on or before the 15th day of the month following the reporting month. In the event the 15th day of the month falls on a weekend or recognized City holiday, the due date shall be the next regular business day of the month.

Business Information

Business Name: ____________________________ Adelanto Business License #: ____________________________
Address: __________________________________

Tax Period (Indicate month-year): ________________

Information provided on this form will be maintained as confidential to the extent allowed by law.

Box 1 - calculation of Cannabis Business Tax

1. Gross receipts for Tax Period
2. Gross receipts Adjustments (must be itemized, documented, and attached)
3. Taxable Gross Receipts (subtract line 2 from line 1)
4. Tax Due (multiply line 3 by .03 and round to the nearest whole dollar) $________
5. Other Credits $________
6. Total amount due (subtract line 5 from line 4) $________

If payment is timely (paid by the 15th day of the month following the reporting month or next regular business day if the 15th day of the month is on a weekend or City recognized holiday) STOP. Your payment calculation is complete – remit amount shown on line 6.

LATE PAYMENTS

Please complete the appropriate box based on how late your return is. DO NOT COMPLETE BOTH BOXES.

Box 2 – Late Tax remittances not exceeding 1 calendar month beyond the due date

7. 25% penalty (multiply line 6 by .25) $________
8. Daily interest on Tax (multiply line 6 by the number of days late, then multiply by .0005) $________
9. Total penalty and Interest Due (sum of lines 7 and 8) $________
10. Total amount Due (sum of lines 6 and 9) $________

Box 3 – late Tax remittances exceeding 1 calendar month beyond the due date

11. 50% penalty (multiply line 6 by .50) $________
12. Daily interest on Tax (multiply line 6 by the number of days late, then multiply by .0005) $________
13. Daily Interest on Penalty (sum of lines 7 and 8) $________
14. Total Penalty and interest Due (sum of lines 11, 12 and 13) $________
15. Total Amount due (Sum of lines 6 and 14) $________

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

Print Name: ____________________________ Title: ____________________________ Date: ________________
Authorized Signature: ____________________________ Contact Phone #: (______)_______-__________

For assistance with completing this tax return, please call (760) 246-2300

REV 6/2019