



**Cannabis Business Tax Remittance Form**  
**GROSS RECEIPTS TAX: Retail & Special Events**  
(Pursuant to AMC Chapter 3.60)  
Ordinance 594 Measure "S"

Check one box only:

RETAIL

SPECIAL EVENT

\*SUBMIT ONE RETURN PER ACTIVITY TYPE

Please submit the completed form and payment to the following address:

**City Treasurer**  
**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 filings are due on or before the 15<sup>th</sup> day of the month following the reporting month. In the event the 15<sup>th</sup> 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 15<sup>th</sup> day of the month following the reporting month or next regular business day if the 15<sup>th</sup> 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 #: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_