



Cannabis Business Tax Remittance Form
GROSS RECEIPTS TAX: Manufacturing, Testing & Distribution
(Pursuant to AMC Chapter 3.60)
Ordinance 594 Measure "S"

Check one box only:

MANUFACTURING

TESTING

DISTRIBUTION

*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

Tax Payment Due Dates

Quarter	Reporting Period	Period End Date	Due Date
3Q	January – March	March 31	April 30
4Q	April – June	June 30	July 31
1Q	July – September	September 30	October 31
2Q	October – December	December 31	January 31

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

Pursuant to Adelanto Municipal Code (AMC) §3.60, all persons engaged in cannabis business within the City of Adelanto as defined in 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 last day of the month following the reporting period. 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 of the month.

Business Information	
Business Name:	Adelanto Business License #:
Address:	
Tax Period (Indicate quarter-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 last day of the month following the reporting period or next regular business day if the last 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 #: ____ (____) _____ - _____