

**CITY OF SANTA CRUZ**  
**CANNABIS BUSINESS TAX (CBT) ASSESSMENT RETURN**

Mail form and payment to:  
 City of Santa Cruz  
 1200 Pacific Ave Suite 290, Santa Cruz, CA 95060  
 or  
 Pay in person at 809 Center Street, Room 101, Santa Cruz

Business Name: \_\_\_\_\_

Reporting Period: \_\_\_\_\_ (Month)/\_\_\_\_\_ Year

*CBT returns and payments are **due on or before the last day of the month following the reporting period.**  
 All fields must be filled in completely or form may be returned and penalties may be assessed.*

1. Gross Receipts for the Period	1	\$
2. Adjustments (Must be itemized, documented, and attached)	2	\$
3. Net Taxable Receipts (Line 1 less Line 2)	3	
4. <b>Tax Due</b> (Multiply amount on Line 3 by applicable tax rate below)		
Testing- 1%	4a	
Distribution- 2%	4b	
Manufacturing/Cultivation- 7%	4c	
Retail/Other- 7%	4d	
5. LATE PENALTY (25% x Line 4 for first 30 days late + <b>Additional</b> 25% x line 4 for over 30 days late)	5	
6. INTEREST (1.5% x Line 4 x number of months late)	6	
7. TOTAL ASSESSMENTS, PENALTY AND INTEREST DUE (SUM OF LINES 4, 5 AND 6)	7	

I declare under penalty of perjury that the information herein is true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone Number