

**CITY OF SANTA CRUZ**

**CANNABIS BUSINESS TAX (CBT) ASSESSMENT RETURN**

For walk-in payments: City of Santa Cruz Planning Department  
809 Center St. Room 206, Santa Cruz, CA 95060

For payments by mail: City of Santa Cruz Finance Department  
877 Cedar St. Suite 100, Santa Cruz, CA 95060

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

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

*To file this reporting form timely, it is **due on or before the last day of the month following the reporting month**. 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 8%)	4	
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