



CANNABIS OPERATIONS QUARTERLY TAX REPORT
for the Unincorporated Area of the County

Payer Name: _____

Mailing Address: _____

Assessor's Parcel #(s): _____

Contact Number: _____ Email: _____

Check if contact information has changed, update as given above.

Summary Report for ALL Operations:

Reporting Period: Jan - Mar Apr - Jun Jul-Sept Oct - Dec Year: _____

Operation Types: Nursery Distributor Manufacturing Cultivation Retail Microbusiness

Number of Operations: _____

County License #(s): _____

State License #(s): _____

Total Gross Receipts for all Operations: _____

Total Tax on Gross Receipts for all Operations: _____

Individual Operation Report*:

Reporting Period: Jan - Mar Apr - Jun Jul-Sept Oct - Dec Year: _____

Operation Name: _____

Operation Address: _____ City: _____

Operation Type (Select One): Nursery 1% Distributor 1% Manufacturing 3% Cultivation 4% Retail 6% Microbusiness 6%

State License #(s): _____

County License#: _____

Tax Account #: _____

Gross Receipts: _____

Tax (% of gross receipts): _____

Original Delinquency 10%: _____

Second Delinquency 10%: _____

Interest (0.5% monthly): _____

Total Amount Due: _____

Multiple State Licenses; please attach a list of all state license numbers associated with operation

Unit of Measure: _____

of Units Sold/Transferred: _____

*For additional operations, please fill out an Additional Operation Reporting Form

Signature:

Information provided on this tax report is confidential and will only be provided to government agencies for official use or in accordance with the law.

This report is to be signed by the person required to pay the gross receipts tax or by a managing officer or agent, with the legal authority to bind the cannabis operation.

I declare under penalty of perjury that I am authorized to make and file the foregoing statement, and that to the best of my knowledge and belief it is a true, correct and complete statement made in good faith for the period stated.

Printed Name: _____

Title: _____

Signature: _____

Date: _____

Operation 1 of