

SANTA CRUZ COUNTY TREASURER-TAX COLLECTOR
CANNABIS BUSINESS TAX (CBT) Event STATEMENT

SUBMIT FORM AND PAYMENT TO: P.O. BOX 5639, SANTA CRUZ CA 95063
TELEPHONE (831) 454-2510 FAX (831) 454-2257

Business Name: _____ **Business Address:** _____

Business Phone: _____ **Cannabis Event Date** _____

*To file this reporting form timely, it is **due within 10 days after the last day of the event.** All fields must be filled in completely or form may be returned and penalties may be assessed.*

1. Gross Receipts for Event (Attach supporting documentation)\$ _____
2. Exclusions per SCCC 4.06.030 (E) (*Must be itemized, documented and attached*).....\$ _____
3. Net Taxable Receipts (*Line 1 less Line 2*).....\$ _____
4. **TAX DUE** (*Multiply amount on Line 3 times .07*).....\$

*If your CBT remittance payment is made **after the 10th day of the last day of the event, penalties and interest apply and other consequences could result in license suspension.***

5. **Penalty 1:** Assessed on the first day after the due date if the tax has not been paid
(*Multiply amount on Line 4 by 0.25*).....\$ _____
6. **Penalty 2:** Additional penalty assessed if tax remains unpaid more than one calendar month beyond the due date (*Multiply amount on Line 4 by 0.25*).....\$ _____
7. **Interest on Tax Due.** (*Multiply the number of months Past Due times the amount on Line 4, and multiply that by .015*).....\$ _____
8. **Interest on Penalty 1:** Interest on Penalty 1 is accrued from the first day Penalty 1 was assessed. (*Multiply the number of months Past Due times the amount on Line 5, and multiply that by .015*).....\$ _____
9. **Interest on Penalty 2:** Assessed when payment is made more than one calendar month beyond the due date. Interest on Penalty 2 is accrued from the first day Penalty 2 was assessed. (*Multiply the number of months Past Due times the amount on Line 6, and multiply that by .015*).....\$ _____
- TOTAL Tax, Penalties and Interest DUE** (*Add Lines 4 through 9*).....\$

I declare, under penalty of perjury, that the above is true and correct to the best of my knowledge and belief.

Signature

Date

Printed Name

Contact Phone