# Cannabis Business Tax
## Monthly Report

**Tax Period:**

| Month | Year |

**Business Name:**

| Business Address: |

**Contact Person:**

| Name | Phone Number |

## Tax Due

1.) **Total Gross Receipts for Period**

2.) **Deductions:** Non-cannabis items i.e. apparel

3.) **Taxable Gross Receipts for Period**

4.) **Cannabis Tax due to the City of Capitola**

\[
\text{Tax Due (1)} = \text{Taxable Gross Receipts (3)} \
\]

\[
\text{Cannabis Tax due to the City of Capitola (4)} = \text{Tax Due (1)} 
\] \times \text{7%}

## Penalties and Interest

**DO NOT complete this section unless your payment is remitted after the due date (typically the 10th of each month)**

5.) **Penalties**

   a.) **First Penalty:** 10% of the tax due:

      If payment is made after the 10th

      multiply line 4 x 10%

      \[
      \text{First Penalty (5a)} = \text{Tax Due (1)} \times \text{10%} \
      \]

   b.) **Second Penalty:** 10% of the tax due:

      If payment is more than 30 days late

      multiply line 4 x 10%

      \[
      \text{Second Penalty (5b)} = \text{Tax Due (1)} \times \text{10%} \
      \]

6.) **Interest**

   a.) **Number of days past due**

   b.) **Fraction of month past due:**

   c.) **Interest:** 1% per month

   \[
   \text{Interest (6c)} = \text{Tax Due (1)} \times \text{1%} \
   \]

7.) **Total penalties and interest**

\[
\text{Total penalties and interest (7)} = \text{First Penalty (5a)} + \text{Second Penalty (5b)} + \text{Interest (6c)} \
\]

8.) **TOTAL DUE CITY OF CAPITOLA**

\[
\text{Total Due City of Capitola (8)} = \text{Tax Due (1)} + \text{Total penalties and interest (7)} \
\]

This form and any amounts due must be received or postmarked by the 10th of the month for the prior monthly period. If the 10th falls on a weekend or Holiday, the due date will be the next business day. You must complete and return this form for each month, whether or not any activity occurred.

Under penalties of perjury, to the best of my knowledge and belief, the above is true, accurate and complete.

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Preparer's name (please print)  Title  Signature  Date