



CITY OF CAPITOLA

420 CAPITOLA AVENUE CAPITOLA, CA 95010

www.cityofcapitola.org

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		(1)	_____
2.) Deductions: Non-cannabis items i.e. apparel		(2)	_____
3.) Taxable Gross Receipts for Period	subtract line 2 from line 1	(3)	_____
4.) Cannabis Tax due to the City of Capitola	multiply line 3 x 7%	(4)	_____

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%	(5a)	_____
b.) Second Penalty: 10% of the tax due:			
If payment is more than 30 days late	multiply line 4 x 10%.	(5b)	_____
6.) Interest			
a.) Number of days past due		(6a)	_____
b.) Fraction of month past due:	divide line 6a x 30	(6b)	_____
c.) Interest: 1% per month	multiply line 4 x line 6b x 1%	(6c)	_____
7.) Total penalties and interest	add lines 5a + 5b + 6c	(7)	_____

8.) TOTAL DUE CITY OF CAPITOLA add line 4 + line 7 (8) _____

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.

Preparer's name (please print) Title Signature Date