



**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 (Q3)  Apr - Jun (Q4)  Jul-Sept (Q1)  Oct - Dec (Q2) 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 (Q3)  Apr - Jun (Q4)  Jul-Sept (Q1)  Oct - Dec (Q2) 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