

**COUNTY OF YOLO
CANNABIS TAX
QUARTERLY RETURN**



Mail Payment to:
County of Yolo
Department of Financial Services
PO BOX 1995
Woodland, CA 95776-1995

Business Name and Address:

Permit Number: _____

Start Date:		End Date:	
Cultivation Activities			
1	Gross Cultivation Receipts: Enter the total receipts collected in this reporting period.		
2	Cultivation Tax Amount Due: (4% of line 1)		

Non-Cultivation Activities			
3	Gross Manufacturing Receipts		
4	Gross Processing Receipts		
5	Gross Distribution Receipts		
6	Other Cannabis Receipts		
7	Total Non-Cultivation Receipts (Add Line 3, 4, 5, & 6)		
8	Non-Cultivation Tax Amount Due: (5% of line 7)		
9	Total Amount of Cannabis Gross Receipts Tax (Add line 2 & 8)		
10	Penalties: Reference Section 3-7.10 of the County Ordinance		
11	Interest: Reference Section 3-7.10 of the County Ordinance		
12	Total Penalties and Interest (Add Line 10 & 11)		
TOTAL AMOUNT DUE (Add line 9 & 11 - All Payment must be remitted in full)			

Certification:
I certify under penalty of perjury that the foregoing is true and correct.

Printed Name: _____

Date: _____

Signature: _____

Title: _____

Owner, Partner, Agent or Officer

Appointments: www.yolocounty.org/cannabistax

<p>NOTICE:</p> <p>The tax will be delinquent if not paid on or before the last day of the month in which due.</p> <p>A penalty of 10% will be added after delinquent date and, plus interest of one-half of 1.5% per month, or fraction thereof on the amount of tax.</p>
--