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

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)5%			
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 AM	TOTAL AMOUNT DUE (Add line 9 & 12 - All Payment must be remitted in full)			

Certification:

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

Printed Name: _____

Signature: ______

Title: ______

Owner, Partner, Agent or Officer

Appointments: www.yolocounty.org/cannabistax

Questions: taxinfo@yolocounty.org

Date: _____

NOTICE:

The tax will be delinquent if not paid on or before the last day of the month in which due.

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.

Due Dates:

1st Quarter – October 31st 2nd Quarter – January 31st 3rd Quarter – April 30th 4th Quarter – July 31st