



# Sonoma County Auditor-Controller-Treasurer-Tax Collector Cannabis Business Tax - Quarterly Return

Business Name:

Permit No.:

Business Address:

City:

Zip Code:

Business Phone:

Tax Period: **Quarter** (select below)

Due Date:

1st (July - Sept)

2nd (Oct - Dec)

3rd (Jan - March)

4th (April - June)

*Payments must be received on or before the due date. Post marks or other indications of submittal are not accepted.*

Permit Type:

Tax Rate:

per square foot per year

Cultivation Size:

square feet

**2023-2024 QUARTERLY SUBTOTAL, TAX DUE:**

Date Paid:

Number of Months Late:

*If payment is received after the due date, penalties and interest must be calculated and remitted.*

**Penalty 1:** 10% of **Tax Due**, if received late.

**Penalty 2:** Additional 10% of **Tax Due** if more than 1 month late.

**Interest on Tax Due:** 1.5% of **Tax Due** per month.

**SUBTOTAL, PENALTIES & INTEREST:**

**TOTAL TAX, PENALTIES & INTEREST DUE - PAY THIS AMOUNT:**

Make checks payable to: Sonoma County Auditor-Controller-Treasurer-Tax Collector  
Submit Form and Payment to: 585 Fiscal Drive, Suite 100, Santa Rosa, CA 95403

Office Use Only:

*I declare under penalty of perjury that the above is true and correct to the best of my knowledge.*

Signature:

Date:

Printed Name:

Contact Phone Number:

Email:

Mail Address: