CITY OF CLOVERDALE
124 N. Cloverdale Blvd., Cloverdale, CA 95425
Tel: 707-894-2521 | Fax: 707-894-3451
Web: www.cloverdale.net

Business Tax Certificate # _____
Business Name: _____
Street Address: _____
City/State/Zip: _____
Business Phone: _____

CANNABIS BUSINESS TAX REMITTANCE FORM

Reporting Month: _____ **Due Date:** _____

Pursuant to Chapter 3.46 of the Cloverdale Municipal Code and City Council Resolution No. 032-2022, a cannabis business tax is imposed on gross receipts for those engaged in cannabis business within the City of Cloverdale. The tax is reported monthly and returns are due at the end of the month for the previous month.

1	**Total gross receipts for** tax period	1	
2	**Adjustments** must be itemized on attached Remittance Adjustment Form - A If no adjustments enter "00"	2	
3a	**Taxable transactions** (subtract line 2 from 1)	3	$ 0.00
4	**Total cannabis excise tax due** City of Cloverdale Excise Tax 2.5%	4	$ 0.00
5	**Tax prepayments** made for the reporting month prior to due date- include receipts	5	
6	**Remaining tax due** (subtract line 5 from 4)	6	$ 0.00
7	**Penalty 1:** (multiply line 6 by 25% (.25) if your payment is made, or your tax return is filed, after the due date shown above)	7	
8	**Penalty 2:** (multiply line 6 by 25% (.25) if tax remains unpaid for a period exceeding one calendar month beyond the due date)	8	
9	**Tax + Penalty** (add lines 6 through 8)	9	$ 0.00
10	**Interest on Tax Due:** 1.5% per month or fraction thereof on the amount of tax from the last day of the month following the monthly period for which the amount or any portion thereof should have been paid until the date of payment (Line 9 x .015 x # of months delinquent)	10	
11	**Other Amounts Due (overpayments) i.e. true up of final annual permit fee/audit findings** _____	11	
12	**Total Cannabis Business Tax due:** (add Lines 9, 10, and 11)	12	$ 0.00

I hereby certify that this return, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct and complete return

Authorized Signature: _____ Date: _____

Title: _____

Print Name: _____

Phone Number: (____) _____