



Please Send Tax Return & Payment to:
 City of San Jose – Finance
 Attn: Revenue Management
 200 E. Santa Clara St., 13th Floor
 San Jose, CA 95113-1905

MARIJUANA BUSINESS TAX RETURN

| | |
|----------------|-----------------------------|
| Business Name: | Tax Period (month & year): |
| Address: | Business Tax Certificate #: |

The Marijuana Business Tax is imposed on every person engaged in marijuana business in the City of San José. Payment of the tax in accordance with Municipal Code Chapter 4.66 does not authorize unlawful business. Marijuana Business Tax filings due on or before the last day of each calendar month for the total gross receipts and the amount of the tax owed for the preceding calendar month.

Calculation of Remittance

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------|
| 1. Gross Retail Receipts | | Line 1 |
| a. Medical | \$ | Line 1a |
| b. Non-Medical | \$ | Line 1b |
| 2. Gross Delivery Receipts | | Line 2 |
| a. Medical | \$ | Line 2a |
| b. Non-Medical | \$ | Line 2b |
| 3. Gross Wholesale Receipts | \$ | Line 3 |
| 4. Adjustments (Itemize and explain on attachment) | \$ | Line 4 |
| 5. Taxable Gross Receipts (Sum of Line 1a, 1b, 2a, 2b, 3 less Line 4) | \$ | Line 5 |
| 6. Tax Due (10% of Line 5) | \$ | Line 6 |
| 7. Penalty 1 – if tax is not remitted by the due date (Line 6 x 0.25) | \$ | Line 7 |
| 8. Penalty 2 – if tax is remitted more than one calendar month after the due date (Line 6 x 0.25) | \$ | Line 8 |
| 9. Interest on Tax Due (# of days past due x Line 6 x by 0.0004931507) | \$ | Line 9 |
| 10. Interest on Penalty 1 – if tax is not remitted by the due date (# of days past due x Line 7 x 0.0004931507) | \$ | Line 10 |
| 11. Interest on Penalty 2 – accrues from the first day Penalty 2 was assessed (# of days Penalty 2 outstanding x Line 8 x 0.0004931507) | \$ | Line 11 |
| 12. Total Marijuana Business Tax Due (Sum of Lines 6-11) | \$ | Line 12 |

I declare under penalty of perjury that the statements herein and on attachments are true, correct, and complete.

| | | | |
|------|-------------|-------|------|
| Name | Telephone # | Title | Date |
|------|-------------|-------|------|