



TREASURER-TAX COLLECTOR SAN DIEGO COUNTY

sdttc.com

Dan McAllister
Treasurer-Tax Collector



CANNABIS REPORTING FORM

Cannabis Tax is collected by the San Diego County Treasurer Tax Collector for Operators of Cannabis businesses including activities involving Cultivation, Distribution, Manufacturing, Retail, and Testing of Cannabis located in the unincorporated areas of San Diego County. [Click here](#) for the San Diego County Cannabis Tax Payment, Penalty and Interest Schedule. The Cannabis Reporting Form and payment of the Cannabis tax are due one month after each quarter ends.

Make checks payable to: SDTTC | ATTN: Special Functions, Cannabis Tax | 1600 Pacific Highway, Room 162 | San Diego, CA 92101-2477

OPERATION INFORMATION				
Business Name:			Registration #:	
Operation Address:				
Mailing Address (if different):				
Contact Person:		Phone No:		Email:

GROSS RECEIPTS DETAILS									
Activity Type	A. Gross Receipts	B. Adjustments**	C. Taxable Gross Receipts	Tax Rate	D. Annual Tax Amount				
Retail		-	=	x	2%	=			Line 1
Distribution		-	=	x	2%	=			Line 2
Manufacturing		-	=	x	2.5%	=			Line 3
Testing Laboratory		-	=	x	1%	=			Line 4
Other		-	=	x	4%	=			Line 5
Total (sum of Lines 1-5)					Tax Due				Line 6

CULTIVATION & NURSERIES									
Activity Type	A. Square Footage	B. Adjustments	C. Taxable Square Footage	Tax Rate	D. Annual Tax Amount	E. Quarterly Tax Amount			
Nursery		-	=	x	\$1.00	=			Line 7
Cultivation (Indoors)		-	=	x	\$7.00	=			Line 8
Cultivation (Outdoors)		-	=	x	\$0.50	=			Line 9
Cultivation (Mixlight)		-	=	x	\$3.00	=			Line 10
Total (sum of Lines 7-10)					Tax Due				Line 11
Original Delinquency 10% - Tax not remitted by the last day of the reporting month. ((Line 6D + 11E) X .10)									Line 12
Additional Penalty 25% plus Interest 1% - One month after original delinquency. (((Line 6D + 11E) X .25) X .01)									Line 13
Continued Interest 1% Accrued Monthly - Tax remitted one month or more after the delinquent date. (Line 13 + 1% accrued for each month delinquent)									Line 14
Total Tax Amount Due (Sum of Lines 6D, 11E, 12D - 14D)									Line 15

REPORTING PERIOD		
Tax Remitted for Quarter:	Year:	Total Paid:

REPORTING CONFIRMATION		
I declare under penalty of perjury that the information in this return has been examined by me and to the best of my knowledge and belief is true, correct, and complete.		
Name:	Title:	Date:
Phone Number:	Email:	

Please print and
submit with payment

TTC Staff Only

Date Received _____

Due Date _____

Months Late _____