



# CANNABIS BUSINESS TAX RETURN

(City Municipal Code Chapter 3.08)

**CITY OF GOLETA**  
**Finance Department**  
**130 Cremona Drive, Suite B • Goleta, CA 93117**  
**Financegroup@cityofgoleta.org • (805) 961-7500**

## CITY OF GOLETA INFORMATION

CANNABIS TAX CERTIFICATE NUMBER		CANNABIS BUSINESS LICENSE NUMBER	
REPORTING PERIOD (Due by the 30th day following the quarter end)			
JAN-MAR	APR-JUN	JUL-SEPT	OCT-DEC
			YEAR:

## BUSINESS INFORMATION

COMPANY NAME		CONTACT PERSON & TITLE	
ADDRESS		PHONE	
CITY	STATE	ZIP	E-MAIL

## COMPUTATION OF CANNABIS BUSINESS TAX

CANNABIS BUSINESS CLASSIFICATION	GROSS RECEIPTS (PER CATEGORY)	TAX RATE	TAX
Adult-Use (Non-Medicinal) Cannabis Retail/Delivery		5%	
Medicinal-Use Cannabis Retailing/Delivery		0%	
Manufacturing		2%	
Cultivation		4%	
Distribution/Transport Only		1%	
Testing		0%	
Nurseries (State Cultivation License Type 4)		1%	
*Microbusinesses must use highest tax rate applicable to their activities unless they can demonstrate portions of activities)*		Subtotal	
Total Cannabis Business Tax Due			
<b>Penalties</b>			
Penalty: If tax is paid after due date, check this box:		25%	
Additional Penalty: If tax is paid more than 30 days after due date, ALSO check this box:		25%	
Total Penalties Due			
<b>Total</b>			
<b>Total Tax &amp; Penalties Due</b>			

Information provided on this tax report is confidential and will only be provided to government agencies for official use or in accordance with the law.  
 This report is to be signed by the person required to pay the gross receipts tax or by a managing officer or agent, with the legal authority to bind the cannabis operation.  
 I declare under penalty of perjury that I am authorized to make and file the foregoing statement, and that to the best of my knowledge and belief it is a true, correct and complete statement made in good faith for the period stated.

PRINT NAME	SIGNATURE
TITLE	DATE

<b>FOR OFFICE USE ONLY</b>		
POST MARKED 30TH DAY AFTER QUARTER END:	YES / NO	INITIALS: