



# CANNABIS BUSINESS TAX RETURN

(City Municipal Code Chapter 3.08)

**CITY OF GOLETA**  
**Finance Department**

**130 Cremona Drive, Suite B, Goleta, CA 93117**

Forms to be emailed to: [financegroup@cityofgoleta.org](mailto:financegroup@cityofgoleta.org)

Questions about the form email: [cannabislicense@cityofgoleta.org](mailto:cannabislicense@cityofgoleta.org)

**CITY OF GOLETA INFORMATION**

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-Medical) Cannabis Retail/Delivery   |                               | 5%       |     |
| Medical-Use Cannabis Retail/Delivery   |                               | 5%       |     |
| 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 |
|-------|------|

**FOR OFFICE USE ONLY**

|   |          |           |
|---|----------|-----------|
| POST MARKED 30TH DAY AFTER QUARTER END: | YES / NO | INITIALS: |
|---|----------|-----------|



# 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**

**CITY OF GOLETA INFORMATION**

CANNABIS BUSINESS LICENSE NUMBER

1a

REPORTING PERIOD (Due by the 30th day following the quarter end)

1b  JAN-MAR  APR-JUN  JUL-SEPT  OCT-DEC YEAR: 1c

**BUSINESS INFORMATION**

COMPANY NAME CONTACT PERSON & TITLE

2a

2b

ADDRESS PHONE

2c

2d

CITY STATE ZIP E-MAIL

2e

2f

2g

2h

**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  | \$ -                          | 5%       | \$ -        |
| Manufacturing  | \$ -                          | 2%       | \$ -        |
| Cultivation 3a   | \$ -                          | 4%       | \$ -        |
| Distribution/Transport Only  | \$ -                          | 1%       | \$ -        |
| Testing  | \$ -                          | 0%       | \$ -        |
| Nurseries (State Cultivation License Type 4)   | \$ -                          | 1%       | \$ -        |
| <i>*Microbusinesses must use highest tax rate applicable to their activities unless they can demonstrate portions of activities*</i> |                               |          |             |
| Subtotal   |                               |          | \$ -        |
| Total Cannabis Business Tax Due  |                               |          | \$ 3d -     |
| <b>Penalties</b>   |                               |          |             |
| Penalty: If tax is paid after due date, check this box 3b <input type="checkbox"/>   |                               | 25%      | \$ -        |
| Additional Penalty: If tax is paid more than 30 days after due date, ALSO check this box: 3c <input type="checkbox"/>                |                               | 25%      | \$ -        |
| Total Penalties Due  |                               |          | \$ -        |
| Total  |                               |          | \$ -        |
| <b>Total Tax &amp; Penalties Due</b>   |                               |          | <b>\$ -</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

4a

TITLE DATE

**FOR OFFICE USE ONLY**

POST MARKED 30TH DAY AFTER QUARTER END: YES / NO INITIALS:



## CANNABIS BUSINESS TAX RETURN INSTRUCTIONS

1a) "Cannabis Business Number": Enter the specific Cannabis License Number issued to the business by the City of Goleta.

1b) "Reporting Period": Select the box (ONLY ONE) for the quarter being reported. Use one form per quarter.

1c) "Year": Enter the appropriate calendar year for the quarter being reported.

2a) "Company Name": Enter the Company Name that matches the Cannabis Business License applications. If the business name has changed, immediately contact [cannabislicense@cityofgoleta.org](mailto:cannabislicense@cityofgoleta.org)

2b) "Contact Person & Title": Enter the name of the person who is authorized to fill out the form and who is able to receive communication from the Finance Dept.

2b) "Address": Enter the address where primary operations occur. This should match the City of Goleta's Business License records. If the business address has changed, immediately contact [cannabislicense@cityofgoleta.org](mailto:cannabislicense@cityofgoleta.org)

2c) "Phone": Please use a reliable phone number, preferably the direct information for the individual listed as the "Contact Person".

2d) "City": Enter the city address where primary operations occur. This should match the City of Goleta's Business License records. If the business address has changed, immediately contact [cannabislicense@cityofgoleta.org](mailto:cannabislicense@cityofgoleta.org)

2e) "State": Enter the state where primary operations occur. This should match the City of Goleta's Business License. If the business address has changed, immediately contact [cannabislicense@cityofgoleta.org](mailto:cannabislicense@cityofgoleta.org)

2f) "Zip": Enter the zip code where primary operations occur. This should match the City of Goleta's Business License records. If the business address has changed, immediately contact [cannabislicense@cityofgoleta.org](mailto:cannabislicense@cityofgoleta.org)

2g) "Email": Please use a reliable email address, preferably the direct information for the "Contact Person". This email address should be able to receive communication from the Finance Dept.

2h) "Gross Receipts": Based on the City of Goleta's City Municipal Code Chapter 3.08 definitions for each Cannabis Business Classification, enter the Gross Receipts for the quarter being reported on each respective form. Use one form per quarter. See City Municipal Code Chapter 3.08 for a full description of each classification.

3a) "Penalties" (Checkbox): If tax is being paid after the due date, please check this box.

3b) "Additional Penalties" (Checkbox): If tax is being paid MORE THAN 30 DAYS after the due date, please check this box, in addition to checking the previous box above.

3c) Calculations: This Excel file is designed to auto calculate the tax, penalties, and total amount due.

3d) Name/Title/Signature/Date: Please read the disclosure above the Name/Title/Signature/Date section prior to submitting the form.

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