CLEAR

Cannabis Business Tax Return – Retail Operations

AUDITOR-CONTROLLER TREASURER-TAX COLLECTOR DEPARTMENT
585 Fiscal Drive, Suite 100, Santa Rosa, CA 95403
Phone: (707) 565-7420
Email: CannabisTax@sonomacounty.gov

Permit Number: _____

Business Name: _____

Business Address: _____

City, State, Zip Code: _____

Mailing Address: _____

City, State, Zip Code: _____

Email: _____

SELECT TAX PERIOD: **DUE DATE:**

◯ 1st (July-Sept)	◯ 2nd (Oct-Dec)	◯ 3rd (Jan-March)	◯ 4th (April-June)
Permit Type: SELECT ONE	Tax Rate: 0.00 %	Gross Receipts:	
Date Paid:		Number of Months Late:	

2025 - 2026 QUARTERLY TAX DUE:	**$0.00**
PENALTIES & INTEREST Penalties and interest have been assessed for any tax returns and payments received after the due date.	
1st Penalty: 10% of tax due if 1 month late	**$ 0.00**
2nd Penalty: 10% of tax due if 2 months late	**$ 0.00**
Interest: 1.5% of tax due for each month late	**$ 0.00**
Subtotal of Penalties & Interest:	**$ 0.00**
TOTAL TAX, PENALTIES & INTEREST DUE	**$ 0.00**

I declare under penalty of perjury that the above is true and correct to the best of my knowledge.

Signature: _____ Phone Number: _____

Printed Name: _____ Date: _____

Make checks payable to Sonoma County Tax Collector. Submit form and payment to the address above.

Office Use Only: