



Please send the completed form and payment to:

Finance Department
Revenue Management
200 East Santa Clara St., 13th Fl
San José, Ca 95113-1905
www.csjfinance.org

Marijuana Business Tax Return

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 are 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.

Business Name: _____	Business Phone: _____
San José Business Address: _____	Tax Period (Indicate month and year) _____
_____	Business Tax Certificate # _____

Calculate Tax Due

1. Gross Receipts for Period	_____	Line 1
2. Adjustments (Must be itemized, documented and attached)	_____	Line 2
3. Taxable Gross Receipts (Subtract line 2 from line 1)	_____	Line 3
4. Tax Due (Multiply line 3 by 0.07)	_____	Line 4
5. Penalty 1: Assessed on the first day after the due date if the tax has not been paid (multiply line 4 by 0.25)	_____	Line 5
6. Penalty 2: Additional penalty assessed if tax remains unpaid more than one calendar month beyond the due date (multiply line 4 by 0.25)	_____	Line 6
7. Interest on Tax Due: (# of days past due, multiplied by line 4, and multiplied by 0.0004931507)	_____	Line 7
8. Interest on Penalty 1: Assessed when payment is made more than one calendar month beyond the due date. Interest on Penalty 1 is accrued from the first day Penalty 1 was assessed. (# of days past due, multiplied by line 5, and multiplied by 0.0004931507)	_____	Line 8
9. Interest on Penalty 2: Assessed when payment is made more than one calendar month beyond the due date. Interest on Penalty 2 is accrued from the first day Penalty 2 was assessed. (# of days past due, multiplied by line 6, and multiplied by 0.0004931507)	_____	Line 9
10. Total Marijuana Business Tax Due (add lines 4 thru 9)	_____	Line 10

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

Print Name _____

Authorized Signature

Date _____

Contact Phone _____