



City of Palm Springs

Department of Finance and Treasury

3200 E. Tahquitz Canyon Way • Palm Springs, California 92262
Tel: (760) 323-8229 • Fax: (760) 322-8320 • Web: www.palmspringsca.gov

CANNABIS AND MARIJUANA TAX REMITTANCE FORM **(FOR COLLECTIVES OPERATING WITH A VALID CITY-ISSUED PERMIT)**

The Cannabis and Marijuana Tax is imposed on every person engaged in operating or otherwise conducting a cannabis or marijuana collective, and regardless of whether such collective has a permit pursuant to Section 9.23.15 of the City's Municipal Code, shall pay a cannabis and marijuana tax up to a maximum of 15 cents for each \$1.00 of proceeds or fractional part thereof.

Business Name: _____ **FEIN OR SSN:** _____

Address: _____

Phone Number: _____ **Fax Number:** _____

Owner Name: _____ **Email:** _____

REPORTING PERIOD: _____

1. Gross Proceeds for Period:	\$
2. Tax Due: multiply line 1 by 0.10:	\$
3. Penalty (25% of line 2):	\$
4. Interest (1% per month):	\$
5. Total Medical Cannabis Tax Due:	\$

*PAYMENT OF CANNABIS TAX FROM ANY ONE CALENDAR MONTH IS DUE TO THE TAX ADMINISTRATOR ON OR BEFORE THE LAST DAY OF THE FOLLOWING MONTH IN WHICH CITY HALL IS OPEN TO THE PUBLIC; OTHERWISE, PENALTY OF TWENTY-FIVE PERCENT (25%) PLUS INTEREST WILL APPLY.

Remit to: **CITY OF PALM SPRINGS, FINANCE DEPARTMENT**
3200 E. TAHQUITZ CANYON WAY
PALM SPRINGS, CA 92262

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

Authorized Signature: _____ **Date:** _____

Name and Title of Authorized Person: _____