



# City of Palm Springs

Department of Finance and Treasury

P.O. Box 2743 • Palm Springs, California 92263-2743

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## **GROSS RECEIPTS TAX REMITTANCE FORM – CANNABIS BUSINESS OR ACTIVITY**

(FOR BUSINESSES OPERATING **WITH** A VALID CITY-ISSUED PERMIT) - SECTION 3.42.030 PSMC

### **ONE REMITTANCE FORM PER LOCATION**

- THE CITY'S TAX ON CANNABIS BUSINESS OR ACTIVITY, ORDINANCE 1946, IS IMPOSED ON EVERY PERSON ENGAGED IN OPERATING OR OTHERWISE CONDUCTING A CANNABIS BUSINESS OR ACTIVITY, AND REGARDLESS OF WHETHER SUCH CANNABIS BUSINESS OR ACTIVITY HAS A PERMIT PURSUANT TO SECTION 5.35, 5.45 AND/OR 5.55 OF THE CITY'S MUNICIPAL CODE, SHALL PAY A CANNABIS TAX UP TO A MAXIMUM OF 15 CENTS FOR EACH \$1.00 OF PROCEEDS OR FRACTIONAL PART THEREOF, AND \$10.00 PER SQUARE FOOT OF CULTIVATION AREA OR FRACTION THEREOF.
- PURSUANT TO SECTION 3.42.125.E OF THE CITY'S MUNICIPAL CODE THE CITY ATTORNEY SHALL HAVE THE DISCRETION TO ISSUE AN ADMINISTRATIVE CITATION, AND IMPOSE AN ADMINISTRATIVE FINE IN THE AMOUNT OF \$5,000 FOR EACH MONTH THAT ANY PAYMENT OF TAX IS OVERDUE.
- IF THE CITY MANAGER DETERMINES NONPAYMENT OF ANY AMOUNT DUE UNDER THIS CHAPTER OR DIVISION II OF TITLE 3 IS DUE TO FRAUD, A PENALTY OF 25 PERCENT OF THE AMOUNT OF OTHERWISE DUE SHALL BE ADDED THERETO IN ADDITION TO PENALTIES AND INTEREST OTHERWISE STATED IN THIS CHAPTER.
- PURSUANT TO SECTION 3.42.045 OF THE CITY'S MUNICIPAL CODE, REGISTRATION OF CANNABIS BUSINESS OR ACTIVITY IS REQUIRED.
- RETURNS ARE DUE MONTHLY - PLEASE CONTACT OUR OFFICE TO SCHEDULE YOUR APPOINTMENT PRIOR TO COMING IN.

**BUSINESS NAME:**

**FEIN OR SSN:**

**OWNER NAME:**

**ADDRESS:**

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**PHONE NUMBER:**

**FAX NUMBER:**

**EMAIL:**

**PERMIT NUMBER (APPLICATION CASE NUMBER):**

**BUSINESS LICENSE NUMBER:**

**CHECK BOX IF ANY OF THE ABOVE INFORMATION HAS CHANGED.** IF YES, PLEASE COMPLETE A CHANGE OF ADDRESS FORM

**REPORTING PERIOD (MONTH/YEAR):**

**CHECK BOX IF THIS IS A LATE RETURN**

**CHECK BOX IF THIS IS AN AMENDED RETURN**

**REMIT TO: CITY OF PALM SPRINGS - FINANCE DEPARTMENT**

**P.O. BOX 2743**

**PALM SPRINGS, CA 92263-2743**

**PLEASE CONTACT OUR OFFICE TO SCHEDULE AN APPOINTMENT**

**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:**

BUSINESS NAME:

FEIN OR SSN:

PERMIT NUMBER (APPLICATION CASE NUMBER):

REPORTING PERIOD (MONTH/YEAR):

**\* PER PSMC 3.42.100 PAYMENT OF TAX ON CANNABIS BUSINESS OR ACTIVITY FROM ANY ONE CALENDAR MONTH IS DUE TO THE TAX ADMINISTRATOR ON OR BEFORE THE LAST BUSINESS DAY OF THE FOLLOWING MONTH; OTHERWISE, PENALTY OF TWENTY-FIVE 25 PERCENT (25%) PLUS INTEREST WILL APPLY.**

1.	GROSS RECEIPTS FOR THIS PERIOD – FOR THIS LOCATION:  LOCATION NAME: _____  MULTIPLE LOCATIONS* <b>*COMPLETE AND SUBMIT ONE REMITTANCE FOR PER LOCATION</b>	1.A. RETAIL SALES: \$ _____  1.B. MANUFACTURING: \$ _____  1.C. DISTRIBUTION: \$ _____  1.D. TESTING: \$ _____  1.E. TOTAL AMOUNT \$ _____	
2.	TAX DUE FOR THIS PERIOD – <ul style="list-style-type: none"> <li>• MULTIPLY RETAIL SALES LINE 1.A. BY <u>.10</u></li> <li>• MULTIPLY MANUFACTURING LINE 1.B. BY <u>.02</u></li> <li>• MULTIPLY DISTRIBUTION LINE 1.C. BY <u>0</u></li> <li>• MULTIPLY TESTING LINE 1.D. BY <u>0</u></li> </ul>	2.A. RETAIL SALES: \$ _____  2.B. MANUFACTURING: \$ _____  2.C. DISTRIBUTION: \$ _____  2.D. TESTING: \$ _____  2. E. TOTAL AMOUNT \$ _____	
3.	LATE PAYMENT PENALTY: 25% OF TAX DUE on LINE 2.E		\$ _____
4.	<b>TOTAL (ADD LINE 2.E. + LINE 3):</b>		\$ _____
5.	ADDITIONAL LATE PAYMENT PENALTY FOR THE SECOND MONTH OF DELIQUENCY: 25% of TAX DUE on LINE 2.E.		\$ _____
6.	<b>TOTAL (ADD LINE 4 + LINE 5):</b>		\$ _____
7.	INTEREST (1% PER MONTH) ON TAX, FEES & PENALTIES: MULTIPLY LINE 6 BY <u>.01</u>		\$ _____
8.	ADDITIONAL FEES (IF APPLICABLE):		\$ _____
9.	<b>TOTAL AMOUNT DUE (ADD LINE 6 + LINE 7 + LINE 8): INCLUDES TAX, FEES, AND PENALTIES *</b>		<b>\$ _____</b>

ADDITIONAL COMMENTS / ATTACHMENTS:

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**OFFICE USE ONLY**

REMITTANCE RECEIVED BY (1)

(2)

DATE

COMMENTS/NOTES: