



EL DORADO COUNTY

RETAIL, DISTRIBUTION, AND DELIVERY CANNABIS BUSINESS TAX REMITTANCE ADJUSTMENT CLAIM FORM

**TREASURER – TAX COLLECTOR
SEAN M. COPPOLA, CTP**

360 Fair Lane, Placerville, CA 95667
(530) 621-5800 | cannabistax@edcgov.us

Pursuant to El Dorado County Ordinance Code, Title 3, Revenue & Finance, Chapter 22 Taxation of Commercial Cannabis Activities.

This form should be used to document adjustment to Gross Receipts for your monthly Cannabis Business Tax. The total on this form, once approved, must be transferred to line 2 (Adjustments) of the Cannabis Tax Remittance Form.

Business Name: _____ Business License #: _____

Address: _____

Tax Period: _____
MM/YYYY

Description of Adjustments		Amount
1.		
2.		
3.		
4.		
5.		
6.		
Total Adjustment Requested		

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 #: _____ E-Mail: _____
MM/DD/YYYY (###) ###-####