



EL DORADO COUNTY

RETAIL, DISTRIBUTION AND DELIVERY COMMERCIAL CANNABIS ACTIVITIES TAX REMITTANCE 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.

The Commercial Cannabis Activities Tax is imposed on every person engaged in cannabis business within the County of El Dorado. Commercial Cannabis Activities Tax filings and payments are due on or before the last day of the month following the reporting month. In the event the last day of the month falls on a weekend or recognized County holiday, the due date shall be the next regular business day.

Payment of the tax does not authorize the unlawful business.

Business Name: _____ Business License #: _____
Address: _____
Tax Period : _____
MM/YYYY

Box 1 – Calculation of Commercial Cannabis Activities Tax

1. Gross Receipts	
2. Exemptions/Adjustments (Must be itemized, documented, and attach CA-403)	
3. Taxable Amount (Subtract line 2 from line 1)	
4. Total Tax Due (Multiply line 3 by applicable rate)	

If payment is timely, **STOP**. Your payment calculation is complete – remit the amount shown on line 4.

LATE PAYMENTS

Complete either **Box 2** **OR** **Box 3. DO NOT COMPLETE BOTH BOXES.**

Box 2 – Late Tax Remittances (not exceeding 1 calendar month beyond the due date)

5. 12.5 % Penalty (line 4 multiplied by .125)	
6. Monthly Interest on Tax (line 4 multiplied by .015)	
7. Total Penalty and Interest Due (Sum of lines 5 and 6)	
8. Total Amount Due (Sum of lines 4 and 7)	

OR

Box 3 – Late Tax Remittances (exceeding 1 calendar month beyond the due date)

9. 25% Penalty (line 4 multiplied by .25)	
10. Monthly Interest on Tax (line 4 multiplied by .015 times the number of months late)	
11. Monthly Interest on Penalty (line 9 multiplied by .015 times the number of months late)	
12. Total Penalty and Interest Due (Sum of lines 9, 10, and 11)	
13. Total Amount Due (Sum of lines 4 and 12)	

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 (###) ###-####