



City of Banning

Finance Department – Cannabis Tax Return
99 E. Ramsey Street, Banning, CA 92220
Phone (951) 922-3110 Fax (951) 922-3165
Website: www.banningca.gov

CANNABIS RETAIL SALES ACTIVITY GROSS RECEIPTS TAX REMITTANCE FORM

Business Name: _____

Address: _____

Phone Number: _____

Owner's Name: _____

E-mail: _____

Pursuant to B.M.C. 3.15.030; (A) There is established and imposed upon each person who is engaged in business as a cannabis retailer an annual tax at the rates set forth in this chapter (B) Every person operating a cannabis retailer shall pay to the city an annual tax in an amount equal to ten percent of the business' gross receipts. B.M.C. 3.15.060; (A) The cannabis retailer tax imposed by this chapter shall be imposed on a fiscal year basis and shall be due and payable annually. (B) Each person owing a cannabis retailer tax shall, on or before the last day of the month following the close of each fiscal quarter, prepare and submit a tax statement on the form prescribed by the tax administrator and remit to the tax administrator the tax due. (Ord. No. 1528, § 2, 12-11-18)

Fiscal Year: Qtr 1 (Jul-Sep) Due by Oct 31; Qtr 2 (Oct-Dec) Due by Jan 31; Qtr 3 (Jan-Mar) Due by Apr 30; Qtr 4 (Apr-Jun) Due by Jul 31

FOR QUARTER: _____ BUSINESS LICENSE # _____

1.	GROSS RECEIPTS FOR THIS PERIOD	\$ _____
2.	AMOUNT OF TAX DUE (Multiply Gross Receipts by 10% or .10)	\$ _____
3.	PENALTY	\$ _____
4.	TOTAL AMOUNTS DUE AND PAYABLE	\$ _____

I declare under penalty of perjury that to the best of my knowledge and belief, the statements herein are true and correct.

Authorized Signature _____ Date _____

Name and Title of Authorized Person _____

Remit to: City of Banning
Finance Department – Cannabis Tax
99 E. Ramsey St, Banning CA 92220

City of Banning Use Only:
MP 001-0001-302.1109