



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

**CANNABIS BUSINESS TAX
MONTHLY COMPUTATION FORM**

MANUFACTURING OR PROCESSING

Board of Supervisors

HILDA L. SOLIS
First District

HOLLY J. MITCHELL
Second District

LINDSEY P. HORVATH
Third District

JANICE HAHN
Fourth District

KATHRYN BARGER
Fifth District

ELIZABETH BUENROSTRO GINSBERG
TREASURER AND TAX COLLECTOR

For Reporting Month: _____

Business Name: _____ Account Number: _____

Your payment is due and must be postmarked by the last day of the month following the reporting period. If you are remitting your payment by check, please make your check payable to "Los Angeles County Treasurer and Tax Collector" and write your Business Name and Account Number on the check to ensure your account is properly credited.

Fill in the information below to compute the tax amount due.

Line	Detail	Amount
1	Total Gross Receipts for Manufacturing or Processing of Cannabis and Cannabis Products	\$
2	Less: Gross Receipts Adjustment(s) <i>Attach supporting documents, itemized by adjustment.</i>	\$
3	Taxable Gross Receipts <i>Line 1 minus Line 2</i>	\$
4	Total Tax Due (3% of Taxable Gross Receipts) <i>Line 3 x 3%</i>	\$
5	Add Penalty (10% of Total Tax Due if paid after due date within one calendar month or 20% of Total Tax Due if paid one calendar month beyond the due date). <i>Line 4 x 10% or 20%</i>	\$
6	Add Interest (1.5% per month until paid), if paid after due date. <i>Line 4 x 1.5% x Number of Months Delinquent</i>	\$
7	Less: Refund(s)/Credit(s)	\$
8	Total Amount Due and Payable <i>Total of Lines 4, 5, and 6, minus Line 7</i>	\$

**Mail this form along with your payment to:
LOS ANGELES COUNTY TREASURER AND TAX COLLECTOR
P.O. BOX 512410
LOS ANGELES, CA 90051**

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION IN THIS FORM IS TRUE AND CORRECT.

Signature: _____ Date: _____
Print Name: _____ Title: _____
Email: _____ Tel. No: _____

The Los Angeles County Cannabis Business Tax (CBT) is codified in Title 4, Chapter 4.71 of the Los Angeles County Code. Refer to [http://library.municode.com/CA/Los Angeles County](http://library.municode.com/CA/Los_Angeles_County).

If you have any questions regarding this form or CBT in general, please call (213) 893-7984, Monday-Friday 8:00 a.m. to 4:00 p.m. PT, or send an email to cbt@ttc.lacounty.gov. You may also visit the CBT website at <https://ttc.lacounty.gov/cbt/>.