



# COUNTY OF LOS ANGELES TREASURER AND TAX COLLECTOR

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 Fourth District  
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 Fifth District

**KEITH KNOX**  
 TREASURER AND TAX COLLECTOR

## CANNABIS BUSINESS TAX MONTHLY COMPUTATION FORM

### DISTRIBUTION

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 Distribution 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	<b>Total Amount Due and Payable</b> <i>Total of Lines 4, 5, and 6, minus Line 7</i>	<b>\$</b>

**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@tfc.lacounty.gov](mailto:cbt@tfc.lacounty.gov). You may also visit the CBT website at <https://tfc.lacounty.gov/cbt/>.