



Please Send Tax Remittance Form & Payment to:

City of Blythe

Attn: Finance Department

235 N. Broadway, Blythe, CA 92225

Phone: (760) 922-6161 Fax: (760) 922-4938

**CANNABIS BUSINESS ACTIVITY
GROSS RECEIPTS TAX REMITTANCE FORM**

(For businesses operating with a City issued permit under Chapter 5.10 of the BMC)

Business Name: _____

Address: _____

Phone: _____ Fax: _____

Owner Name: _____ Email: _____

Reporting Period: _____ Due Date: _____

- The Commercial Cannabis Business Tax is imposed on every person engaged in cannabis business within the City of Blythe as defined in Chapter 5.10 of the BMC. Payment of the tax in accordance with Chapter 3.36 of the BMC does not authorize unlawful business.
- Commercial Cannabis Businesses subject to the gross receipts tax is required to report and pay monthly. Returns and payment are due at the end of the month for the previous month (known as the reporting period). Returns must be filed even if no tax is due.
- Cannabis Business Tax returns with any amounts due must be received by the City before 4:00 pm on the **LAST REGULAR BUSINESS DAY** on which City Hall is open to the public for the month they are due. If mailing your return, please allow a sufficient amount of days for the postal service to process and deliver your return. Mailed returns received after the due date that are not postmarked by the 25th of the month are considered delinquent.
- Late Returns are subject to penalties and interest as adopted by Resolution No. 2019-003 of the Blythe City Council, and as calculated in lines 4, 5, and 6 below.
- If payment is in cash use best efforts to schedule an appointment in advance for remittance.

Calculation of Remittance (if you hold multiple license - file a return for each license separately)		
1.	a. Retail - Gross Receipts for Tax Period	
	b. Micro Business - Gross Receipts for Tax Period	
	c. Manufacturing - Gross Receipts for Tax Period	
	d. Testing - Gross Receipts for Tax Period	
	e. Distribution - Gross Receipts for Tax Period	
2.	Taxable Gross Receipts (sum of lines 1a, 1b, 1c, 1d, and 1e):	
3.	Tax Due for this Period (multiply line 2 by .02) if payment is timely STOP and proceed to line 7:	
4.	Late Payment Penalty of Tax Owed if not Received by Due Date (if applicable multiply line 3 by .10):	
5.	Additional Penalty of Tax Owed if Delinquent in Excess of 30 Days (if applicable multiply line 3 by .10):	
6.	Interest (if applicable multiply line 3 by .005 for each month or fraction of a month that the tax is delinquent):	
7.	Total Amount of Tax, Penalty, and Interest Due (sum of line 3, 4, 5, and 6):	

I declare under penalty of perjury that the above return is true, correct and complete to the best of my knowledge and belief.

Authorized Signature: _____ Date: _____

Name and Title of Authorized Person: _____