

SANTA CRUZ COUNTY TREASURER-TAX COLLECTOR
CULTIVATING/MANUFACTURING MONTHLY STATEMENT

SUBMIT FORM AND PAYMENT TO: P.O. BOX 1817, SANTA CRUZ CA 95061
TELEPHONE (831) 454-2510 FAX (831) 454-2257

Business Name: _____ **Business Address:** _____

Business Phone: _____ **Tax Period** _____(Month)/ _____(Year)

*To file this reporting form timely, it is **due on or before the last day of the month following the reporting month**. All fields must be filled in completely or form may be returned and penalties may be assessed.*

- 1. Gross Receipts for Period.....\$ _____
- 2. Exclusions per SCCC 4.06.030(E) (Must be itemized, documented and attached).....\$ _____
- 3. Net Taxable Receipts (Line 1 less Line 2).....\$ _____
- 4. **TAX DUE** (Multiply amount on Line 3 times .05).....\$

*If your CBT remittance payment is made **after the due date, penalties and interest must also be calculated and remitted as follows:***

- 5. **Penalty 1:** Assessed on the first day after the due date if the tax has not been paid (Multiply amount on Line 4 by 0.25).....\$ _____
 - 6. **Penalty 2:** Additional penalty assessed if tax remains unpaid more than one calendar month beyond the due date (Multiply amount on Line 4 by 0.25).....\$ _____
 - 7. **Interest on Tax Due.** (Multiply the number of months Past Due times the amount on Line 4, and multiply that by .015).....\$ _____
 - 8. **Interest on Penalty 1:** Interest on Penalty 1 is accrued from the first day Penalty 1 was assessed. (Multiply the number of months Past Due times the amount on Line 5, and multiply that by .015).....\$ _____
 - 9. **Interest on Penalty 2:** Assessed when payment is made more than one calendar month beyond the due date. Interest on Penalty 2 is accrued from the first day Penalty 2 was assessed. (Multiply the number of months Past Due times the amount on Line 6, and multiply that by .015).....\$ _____
- TOTAL Tax, Penalties and Interest DUE (Add Lines 4 through 9).....\$**

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

Signature

Date

Printed Name

Contact Phone