

SAMPLE RETURN

TRINITY COUNTY
 TERRI MC BRAYER, TREASURER-TAX COLLECTOR
 P.O. BOX 1297, WEAVERVILLE, CA 96093
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SAMPLE RETURN

| | |
|-----------------|---|
| 6/30/2023 | License Number: 12345 |
| Mary Jane Potts | Fiscal Year: 2022-23 |
| 420 Leaf St. | Reporting Quarter: July 1 to December 31 |
| Weed, CA 12345 | Payment Due By: 5/15/2023 |

SAMPLE RETURN

COMMERCIAL CANNABIS CULTIVATION TAX RETURN

TAX RATE PER POUND OF CANNABIS BY TYPE-RATES REDUCED RATES UNTIL JANUARY 1, 2025

| CANNABIS FLOWER | | CANNABIS LEAVES | | FRESH CANNABIS PLANT | |
|-----------------|--------|-----------------|--------|----------------------|--------|
| 1 to 100 | \$1.93 | 1 to 100 | \$0.00 | 1 to 100 | \$0.27 |
| 101 to 400 | \$3.86 | 101 to 400 | \$0.00 | 101 to 400 | \$0.54 |
| 401 to 1000 | \$5.79 | 401 to 1000 | \$0.00 | 401 to 1000 | \$0.81 |
| More than 1000 | \$7.72 | More than 1000 | \$0.00 | More than 1000 | \$1.08 |

| CANNABIS TYPE | TOTAL POUNDS PER TYPE | TOTAL AMOUNT DUE |
|--|-----------------------|------------------|
| CANNABIS FLOWER Box 1 | 22 | 42.46 |
| CANNABIS LEAVES Box 2 | 0 | 0.00 |
| FRESH CANNABIS PLANT Box 3 | 1000 | 810.00 |
| TOTAL DUE FROM ALL CULTIVATION TYPES: | BOX 4 | \$852.46 |

| LATE TAX RETURNS | Days Late | |
|---|-----------|--------|
| 10% 1 st Penalty (Box 4 multiplied by .10) Late up to 10 days | Box 5 | 85.25 |
| 25% 2 nd Penalty (Box 4 multiplied by .25) Late 11 to 30 days | Box 6 | 213.12 |
| 50% 3 rd Penalty (Box 4 multiplied by .50) Late 31 to 60 days | Box 7 | 426.23 |
| Adjustments: (Include adj. form and supporting documentation) | Box 8 | 400.00 |

TOTAL DUE INCLUDING ANY PENALTIES AND/OR ADJUSTMENTS: Box 9 \$1,177.05

A METRC TRANSFER REPORT MUST BE INCLUDED ALONG WITH YOUR RETURN AND PAYMENT

Returns must be filed, even if there are no sales to report. Returns and Payments are due within ten (10) days upon cessation of business for any reason. Please complete entire form. Incomplete forms may be returned to you and delinquent penalties may apply. Make checks payable to: Trinity County Tax Collector.

****FAILURE TO PAY THE TAXES OWED CAN POTENTIALLY LEAD TO THE LOSS OF YOUR COUNTY LICENSE****

I declare, under penalty of perjury, that the statements herein and any attachments are true, correct and complete.

Date: _____

Phone Number: _____

Print Name: _____

Signature: _____