



City of Desert Hot Springs

65950 Pierson Blvd. • Desert Hot Springs, CA 92240
Telephone (760) 329-6411 • www.cityofdhs.org

Medical Marijuana Tax Form

(Pursuant to DHSMC Chapter 3.37)

Every medical marijuana collective, cooperative, dispensary, operator, establishment, provider or other type of entity legally selling or providing medical marijuana within the City of Desert Hot Springs, in accordance with permits issued pursuant to Ordinance No. 552 and Ordinance No. 553, shall pay to the City a monthly tax of 10% of its proceeds from such sales or provision.

The tax is due on or before the last day of each calendar month for the total gross receipts of any kind, including without limitation, membership dues; the value of in-kind contributions, exchanges, bartered goods or services; the value of volunteer work; reimbursements provided by members regardless of form; cash payments; and anything else of value obtained by any medical marijuana collective, cooperative, dispensary, operator, establishment, provider or other type of entity for legally selling or providing medical marijuana in the City, consistent with the provisions of the Medical Marijuana Program Act.

Failure to pay the tax within thirty (30) days after the due date shall result in a penalty for nonpayment in a sum equal to 25% of the total amount due. Additional penalties will be assessed in the following manner: 10% shall be added on the first day of each calendar month following the month of the imposition of the 25% penalty if the tax remains unpaid -- up to a maximum of 100% of the tax payable on the due date.

Collective/Dispensary Name: _____

Phone: _____

Address: _____

Tax Period (month and year): _____

Calculate Tax Due:

1. **Gross Receipts for Period:** \$ _____
2. **Tax Due:** \$ _____
(Multiply Gross Receipts by 0.10)
3. **Penalty 1:** \$ _____
Assessed 30 days after the original due date (multiply Tax Due by 0.25)
4. **Penalty 2+:** \$ _____

Additional penalty of 10 percent added on the first day of each calendar month following the month of the imposition of Penalty 1 if the tax remains unpaid —up to a maximum of 100 percent of the tax payable on the due date (for each month past due following the month of the imposition of Penalty 1, multiply Tax Due by 0.10)

5. **Total Medical Marijuana Tax Due:**
(add Tax Due with Penalties, if any)

\$ _____

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

Print Name: _____

Authorized Signature _____

Date: _____