



CANNABIS CULTIVATION ADJUSTMENT FORM

TERRI MC BRAYER, TREASURER - TAX COLLECTOR
P.O. BOX 1297, WEAVERVILLE, CA 96093-1297
(530) 623-1251 taxcollector@trinitycounty.org

This form should be used to document adjustments to your Cannabis Cultivation Tax Returns. The total on this form should be transferred to the adjustment line on the Cannabis Cultivation Tax Return. METRC reports reflecting these adjustments must be attached to support the adjustments.

Name: _____ Business Name: _____

Address: _____

City, State Zip: _____

Tax Reporting Period: _____ Due Date: _____

Contact Phone: _____ Contact Email: _____

Description of Adjustments (Separate Each Adjustment Per Cannabis Type)		Amount
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
Total		\$ 0.00

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

Date: _____

Print Name _____ Signature: _____