

City of Santa Cruz, Revenue
1200 Pacific Ave., Suite
#290 Santa Cruz, CA 95060



Sugar-Sweetened Beverage Tax Remittance Form

Questions?

Phone: (831) 420-5075
Fax: (831) 420-5051
Email: ssbt@santacruzca.gov

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Select Reporting Period: A separate return must be filed for each quarterly reporting period and each business location.

**Delinquency Date: To avoid additional penalties and/or interest, returns must be postmarked on or before the last day following the month the tax was collected. (Example: June's taxes are due on or before July 31st.)*

Filing Quarter: ___ June 30 ___ September 30 ___ December 31 ___ March 31 Year: 20___

1. TAXABLE Sugar-Sweetened Beverage (SSB) Distributed:

a. Total number of ready-to-consume ounces: _____

b. Maximum ounces of beverage produced according to manufacturers' instructions
(syrops, concentrates, powders, mixes, etc): _____

c. Equals total number of taxable ounces (Line 1a + Line 1b): _____

3. Tax Due: Line 1c multiplied by \$ 0.02 \$ _____

4. Penalty: 10% of tax due (Line 3) for late payment* \$ _____

5. Subtotal: Line 3 + Line 4 \$ _____

6. Interest: 1.5% per month on tax due plus penalty (Line 5) if late until paid \$ _____

7. Equals Total Amount Due: (Line 5 + Line 6) \$ _____

Sign your return and remit payment to:

City of Santa Cruz, SSBT
1200 Pacific Ave., Suite 290
Santa Cruz, CA 95060

☐ If this is your final month's remittance, check here, provide the effective date (month, day, year) in which you discontinued operation and sign/date the form before remitting.: _____

I declare under penalties of perjury that the above information and any accompanying schedules are, to the best of my knowledge and belief, a true and accurate statement for the period indicated.

Printed Name: _____ **Signed:** _____ **Date:** _____

Telephone #: _____ **Email Address:** _____