

## CITY OF CAMDEN CANNABIS TRANSFER TAX FORM INSTRUCTIONS

The City of Camden, by ordinance, MC-5371, adopted on February 8, 2022, instituted a Transfer Tax on the sale of recreational cannabis. For more information on this tax, please review MC-5371 which is available on the City of Camden's website at: [Recreational Cannabis – The City of Camden](#).

The City of Camden's transfer taxes are imposed as follows:

1. Two percent of the receipts from each cannabis cultivator;
2. Two percent of the receipts from each sale by a cannabis manufacturer;
3. One percent of the receipts from each sale by a cannabis wholesaler; and
4. Two percent of the receipts from each sale by a cannabis retailer.

Pursuant to MC-5371, Transfer taxes are due monthly. Please use the attached form to make your Transfer tax payments.

**PLEASE NOTE:** Your recreational cannabis business may be asked by City Officials at any time to support the amount of total receipts and Transfer Tax remitted on the attached form, including but not limited to, a review of individual sales receipts, etc., if necessary.

**CITY OF CAMDEN CANNABIS TRANSFER TAX FORM**

Name of Company: \_\_\_\_\_

Address of Cannabis Business: \_\_\_\_\_

FEIN Number of Company: \_\_\_\_\_

Name and Title of Person filing Form:

\_\_\_\_\_  
Print Name and Title

Telephone Number of Person filing form: \_\_\_\_\_

Please fill in:

Transfer tax payment is for \_\_\_ monthly filing -- Month and Year filed for: \_\_\_\_\_

Total Cannabis Receipts for the above applicable period: \$ \_\_\_\_\_

Please indicate the total sales tax receipts your company filed or will be filed with the New Jersey Division of Revenue and Enterprise Services for the above applicable monthly period:

Total Receipts subject to sales tax for the above applicable period: \$ \_\_\_\_\_

If applicable, please explain why the total transfer tax receipts are different from the sales tax receipts for the above monthly period [use additional sheet(s), if necessary]:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of check included with this Form: \$ \_\_\_\_\_

DATED: \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Filing Form