



Recreational Marijuana Tax

Quarterly Return

FOR OFFICE USE ONLY
Date Received: _____
Payment Received: _____

Tax Year*	Quarter*	Due Date*

<input type="checkbox"/> Amended Return
<input type="checkbox"/> Final Return <input type="checkbox"/> Sold <input type="checkbox"/> Closed
Date Sold/Closed _____

Mailing Address: Check if new address

Dispensary Address: **REQUIRED FIELDS*

Name* _____	Name _____
Address* _____	Address* _____
City* _____ State* _____ Zip* _____	City* _____ State* _____ Zip* _____

If Ownership or Management has changed, Complete the following:

<input type="checkbox"/> New Owner <input type="checkbox"/> New Manager	Name _____	Phone _____
	Address _____	
Date of Change _____	City _____	State _____ Zip _____

1. Total receipts for Marijuana Items (See ORS 475B.015(16)).....	1	\$	
2. Tax Rate (3%).....	2	\$	
3. Tax (multiply line 1 by line 2).....	3	\$	
4. Adjustment for prior overage or shortage (attach notice or explanation).....	4	\$	
5. TAX DUE (line 3 plus or minus line 4).....	5	\$	

IMPORTANT: Quarterly return is required even if no tax was collected.

If you have no receipts, file a zero return to keep your account current.

Under penalty of false swearing, I declare the information in this return and any attachments is true, correct, and complete.

Signature _____ Date _____

Print Name _____ Title _____ Phone _____

Email _____

To avoid interest and penalties, mail your return with payment **before the due date** to:
 Make your check or money order payable to **Coos County** . Please include the **tax quarter** on your check.

Coos County Tax Office
 250 N. Baxter
 Coquille, OR 97423