



Recreational Marijuana Tax

Registration Form

Dispensary Address:	*REQUIRED FIELDS			Mailing Address:	
Business Name*				Contact Name*	
Address*				Address*	
City*		State*		City*	
				State*	
				Zip*	
				Contact Email:	

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.

<u>Quarter Dates</u>	<u>Due Dates</u>
Quarter 1: January 1 - March 31	Quarter 1: April 30
Quarter 2: April 1 - June 30	Quarter 2: July 31
Quarter 3: July 1 - September 30	Quarter 3: October 31
Quarter 4: October 1 - December 31	Quarter 4: January 31

The Quarterly Return form can be found on the Coos County Website at www.co.coos.or.us.

By Signing below, I hereby acknowledge that I have reviewed the above Quarter and Due Dates, and I agree to submit completed Quarterly Returns to the Coos County Treasurer on or by the Due Dates as required by the Coos County Code.

Signature _____

Date _____

Print Name _____

Title _____

Email _____

To avoid interest and penalties, mail your quarterly 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