



Recreational Marijuana Tax Registration Form

Dispensary Address:	*REQUIRED FIELDS	Mailing Address:	
Business Name*	<input style="width: 90%;" type="text"/>	Contact Name*	<input style="width: 90%;" type="text"/>
Address*	<input style="width: 95%;" type="text"/>		
City*	<input style="width: 20%;" type="text"/>	State*	<input style="width: 5%;" type="text"/>
	Zip*	<input style="width: 10%;" type="text"/>	<input style="width: 10%;" type="text"/>
First Day of Recreational Sales	<input style="width: 90%;" type="text"/>		
	Contact Email:	<input style="width: 90%;" type="text"/>	

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.

Quarter Dates	Due Dates
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