



# Recreational Marijuana Tax

## Quarterly Return

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_

Payment Received: \_\_\_\_\_

Tax Year\*

Please check the appropriate box.

<input type="checkbox"/> Quarter 1: January 1 - March 31	Due: April 30
<input type="checkbox"/> Quarter 2: April 1 - June 30	Due: July 31
<input type="checkbox"/> Quarter 3: July 1 - September 30	Due: October 31
<input type="checkbox"/> Quarter 4: October 1 - December 31	Due: January 31

Amended Return

Final Return     Sold     Closed

Date Sold/Closed \_\_\_\_\_

Mailing Address:     Check if new address    *\*REQUIRED FIELDS*

Name\*

Address\*

City\*     State\*     Zip\*

Dispensary Address:

Name

Address\*

City\*     State\*     Zip\*

**If Ownership or Management has changed,** Complete the following:

New Owner                      Date of Change

New Manager

**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.

1. <b>Total receipts</b> for Marijuana Items (See ORS 475B.015(16)).....	1	\$	<input style="width: 90%;" type="text"/>
2. <b>Tax Rate</b> (3%).....	2	\$	<input style="width: 90%;" type="text"/>
3. <b>Tax</b> (multiply line 1 by line 2).....	3	\$	<input style="width: 90%;" type="text"/>
4. <b>Adjustment</b> for prior overage or shortage (attach notice or explanation).....	4	\$	<input style="width: 90%;" type="text"/>
5. <b>Interest and Penalties</b> if received after the Due Date.....	5	\$	<input style="width: 90%;" type="text"/>
6. <b>TAX DUE</b> (line 3 plus or minus line 4 plus line 5).....	6	\$	<input style="width: 90%;" type="text"/>

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