

CITY OF GRESHAM Finance & Management Services 1333 NW Eastman Parkway Gresham, OR 97030-3813

Tax on Sale or Transfer of Medical Marijuana and Marijuana Infused Products Quarterly Report

Due Date: April 30, July 31, October 31, January 31

| Quarter: | | □ Jan 1-Mar 31 | ☐ Apr 1-Jun 30 | □ Jul 1 - | Sep 30 □ Oct 1 - Dec 31 |
|---|---|-------------------|---------------------|-----------------------------|-----------------------------------|
| | ame of Business: | | | | |
| | spensary Location: | | | | |
| Ma | ailing Address: | | | | |
| _ | ☐ Change of mailing | g address | | | |
| | ontact Name: | | | | |
| CC | ontact Phone: | | | | |
| | | <u>]</u> | Tax Calculation | | |
| 1. | Gross Taxable Sales I | Ouring Reportin | g Period | | \$ |
| | Less Allowable Dedu | ıctions | | | |
| | Refunds of Sales or Transfers Actually Returned to Purchaser | | | | \$ |
| | Adjustments in Sales or Transfers Resulting in Purchaser Refund | | | | |
| | Total Allowable Deductions (add lines 2 & 3) | | | | \$ |
| | . Taxable Sales (Line 1 minus Line 4) | | | | \$ |
| | TOTAL TAX DUE (Medical = 3% of line 5) | | | | \$ |
| | Penalty if Not Paid By Due Date (10% of line 5) | | | | \$ |
| | Additional Delinquent Penalties & Fees | | | | \$ |
| 9. Adjustment for Prior Return | | | | \$ | |
| 10. TOTAL TAX, PENALTIES and ADJUSTMENTS (lines 6-9) | | | | | \$ |
| м | ake Checks Pavahle | to: CITY OF C | CDFSHAM | Г | Direct inquiries to: Ann Travers, |
| | | | | inancial Operations Manager | |
| · · | | | | 503) 618-2325 | |
| Finance Department assumes no responsibility for loss in transit. Ann | | | | | Ann.Travers@GreshamOregon.gov |
| | Re certain this | form is filled ir | n completely and c | correctly | and that proper |
| | | | alties will be asse | | |
| Ιċ | leclare, under penalty | of making false | statement, that to | the best | of my knowledge and |
| | lief, the statements he | | | | - |
| | | | | | |
| Sig | gnature of Authorized Par | ty | Title | | Date |