# 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:
$\square$ Jan 1-Mar 31
Apr 1-Jun 30
Jul 1 - Sep 30
Oct 1 - Dec 31
Name of Business:
Dispensary Location:
Mailing Address:
$\square$ Change of mailing address
Contact Name:
Contact Phone:

## Tax Calculation

1. Gross Taxable Sales During Reporting Period
\$

## Less Allowable Deductions

2. Refunds of Sales or Transfers Actually Returned to Purchaser
3. Adjustments in Sales or Transfers Resulting in Purchaser Refund
4. Total Allowable Deductions (add lines 2 \& 3)
5. Taxable Sales (Line 1 minus Line 4)
6. TOTAL TAX DUE (Medical $=3 \%$ of line 5)
7. Penalty if Not Paid By Due Date ( $10 \%$ of line 5 )
8. Additional Delinquent Penalties \& Fees
9. Adjustment for Prior Return
10. TOTAL TAX, PENALTIES and ADJUSTMENTS (lines 6-9)

| $\$$ |
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| $\$$ |
| $\$$ |
| $\$$ |
| $\$$ |
| $\$$ |
| $\$$ |
| $\$$ |
| $\$$ |

Make Checks Payable to: CITY OF GRESHAM
Note: checks, drafts, postal notes, and money orders in the exact amount of tax due do not constitute payment until cleared. The Finance Department assumes no responsibility for loss in transit.

Direct inquiries to: Ann Travers, Financial Operations Manager (503) 618-2325

Ann.Travers@GreshamOregon.gov

Be certain this form is filled in completely and correctly and that proper remittance is enclosed. Penalties will be assessed for delinquency.

I declare, under penalty of making false statement, that to the best of my knowledge and belief, the statements herein are correct and true.

