



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

Quarter 1 - January 1, 2019-March 31 (due April 30)

Quarter 2 - April 1 - June 30, 2019 (due July 31)

Quarter 3 - July 1 - September 30 (due October 31)

Quarter 4 - October 1 - December 31 (due January 31)

Business Name	<input type="text"/>	Federal ID Number	<input type="text"/>
Mailing Address	<input type="text"/>	Physical Address	<input type="text"/>
	<input type="text"/>		<input type="text"/>
Business Phone	<input type="text"/>		

Contact Name	<input type="text"/>	Title	<input type="text"/>
Daytime Phone	<input type="text"/>	Email	<input type="text"/>

1. Gross Taxable Sales During Reporting Period	<input type="text"/>	1
Less Allowable Deductions (lines 2 and 3)		
2. Refunds of Sales or Transfer Actually Returned to Purchaser	<input type="text"/>	2
3. Adjustments in Sales or Transfers Resulting in Purchaser	<input type="text"/>	3
4. Refund Total Allowable Deductions (add lines 2 & 3)	<input type="text"/>	4
5. Taxable Sales (line 1 minus line 4)	<input type="text"/>	5
6. Tax Rate	3%	6
7. TOTAL TAX DUE (line 5 multiplied by line 6)	<input type="text"/>	7
8. Penalty if Not Paid by Due Date	<input type="text"/>	8
9. Additional Delinquent Penalties & Fees	<input type="text"/>	9
10. Adjustment for Prior Return	<input type="text"/>	10
11. TOTAL TAX, PENALTIES AND ADJUSTMENTS (add lines 7 through 10)	<input type="text"/>	11
12. Tax Prepayments	<input type="text"/>	12
13. TOTAL TAX DUE (line 11 minus line 12)	<input type="text"/>	13

I DECLARE, UNDER PENALTY OF MAKING A FALSE STATEMENT, THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE STATEMENTS HEREIN ARE CORRECT AND TRUE

Signed _____

Title _____

We accept cash, checks, most major credit cards, and money orders. Make checks payable to the City of Joseph

Payments may be dropped off at City Hall during business hours, deposited in the drop box in front of City Hall, or mailed to PO Box 15, Joseph, OR 97846