

**Tax on Sale or Transfer of 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

Name of Business: \_\_\_\_\_

Dispensary Location: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Change of mailing address

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

**Tax Calculation**

1. Gross Taxable Sales During Reporting Period	\$ _____
<b>Less Allowable Deductions</b>	
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. <b>TOTAL TAX DUE</b> (3% of line 5)	\$ _____
7. Penalty if Not Paid By Due Date (10% of line 6)	\$ _____
8. Additional Delinquent Penalties & Fees	\$ _____
9. Adjustment for Prior Return	\$ _____
10. <b>TOTAL TAX, PENALTIES and ADJUSTMENTS</b> (lines 6-9)	\$ _____

**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:**

Melanie Wynne,  
Accountant  
(503) 618-2713

**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.

\_\_\_\_\_  
Signature of Authorized Party

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date