

TOWN OF MOFFAT

PO Box 353 Moffat, CO 81143

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Monthly Excise Tax Return

State Account # _____ DUE ON THE 20TH OF EVERY MONTH

Business Name _____

Mailing Address _____

Physical Address _____

Telephone # _____ CHECK HERE IF THIS IS AN AMENDED RETURN _____

	Enter Quantity	Lbs	Rate Per Pound	Taxable Amount (multiply quantity by rate)
1. Amount of marijuana bud/flower, wet whole plant, shake/trim, contaminated marijuana product, seeds, immature plants sold or transferred to manufactures, cultivators, stores, businesses, extraction facilities, and otherwise.			\$	\$
2. Total taxable amount/price of marijuana, excluding any tax or discount on the invoice, sold or transferred.				\$
3. Local Retail Marijuana Excise Tax Rate 1st year 2% , 2nd year 3%, 3rd year+ 5%				
4. Excise Tax due. Multiply line 2 by line 3 (.02), (.03), (.05)				\$
FOR OFFICE USE ONLY:				
5. Penalty. The return form must be complete with supporting documents & payment & filed before/on the due date, failure to do so will add 10% penalty. Multiply line 4 by 10% (.10).				\$
6. Interest. If payment is made after the due date, add interest. Multiply Line 4 by 25% (.25) per month late.				\$
7. Total Amount owed. Add lines 4, 5, & 6.				\$

Signed under Penalty of Perjury in the Second Degree. I certify that all the information on this form is true and correct, and agree to promptly submit an amended return if I discover any errors, and I agree to reimburse the Town for all costs & attorney's fees in recovering any under reported amounts and otherwise enforcing its excise tax.

Signature _____ Title _____ Date _____

DATE:

FORM OF PAYMENT:

AMOUNT RECEIVED:

CASH CHECK/MO