



TOWN OF MOFFAT | EST. 1911

Monthly Excise Tax Return

Local Retail Marijuana Excise Tax Rate: 1st year 2%, 2nd year 3%, 3rd year 5%

The return form must be complete with supporting documents & payment & filed before/on the of 20th each month. Failure to do so will add 10% or \$50 penalty, whichever is more. If payment is made after the 20th add 25% interest.

State Sales Tax License Number: _____ Federal ID (if applicable): _____

Name of Business Entity (Corporation, LLC, etc.): _____

Name of Business (DBA): _____

Physical Address of Business: _____

Mailing Address of Business (if different): _____

Business Phone Number: _____ Business Fax Number: _____

Email Address: _____

TAX TABLE:

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: _____ (Pounds)
\$ _____ (Rate Per Pound)
2. Total taxable amount/price of marijuana, excluding any tax or discount on the invoice, sold, or transferred: \$ _____ (Quantity x Rate)
3. Excise Tax due. Multiply line 2 by % (.02), (.03), (.05): \$ _____

OFFICE USE ONLY:

4. Penalty. Multiply line 3 by 10% (.10): \$ _____
5. Interest. Multiply Line 4 by 25% (.25) per month late: \$ _____
6. Amount Owed. (Total of lines 3, 4, & 5): \$ _____

Signature

(Date)

Printed Name

OFFICE USE ONLY: Date: _____ Total Fee Paid \$ _____
License No. _____

State Return provided? YES NO

Notes: _____

Clerk's Signature: _____