

City of Newberg, Oregon
Marijuana Tax Filing Form



Business Name: _____
 Address: _____
 Phone Number: _____
 Name of Owner: _____

Sales Quarter	Due Date
<input type="checkbox"/> Jan - Mar	Apr 15th
<input type="checkbox"/> Apr - Jun	Jul 15th
<input type="checkbox"/> Jul - Sep	Oct 15th
<input type="checkbox"/> Oct - Dec	Jan 15th

☐ If business closing this quarter, indicate closing date _____

Tax Calculation	
	Non-OMMA (NMC 3.40.030.B.2)
1 Gross Sales	
2 Less: Refunds of sales (NMC 3.40.040.A) (Enter figure as a negative) (-)	
3 Less: Adjustment to sales (NMC 3.40.040.B) (Enter figure as a negative) (-)	
4 Total Allowable deductions (Line 2 + 3)	
5 Taxable Sales (Line 1 less Line 4)	
6 Tax Rate 3% Effective March 01, 2017	3%
7 Gross Tax (Line 5 x Line 6)	
8 Less: Tax Retained - 5% of line 7 (NMC 3.40.050.E)	
9 Net Tax (line 7 minus 8)	
10 Total Net Tax Due (Non-OMMA)	
Penalties and Interest	
11 1st Delinquency Penalty (incurred on 1st day after due date @ 10% of line 10)	
12 2nd Delinquency Penalty (incurred on 61st day after due date) (15% of line 10)	
13 Interest beginning on 1st day after due date @ 1% per month)	
14 Total Penalties & Interest Due	
Total Payment Due (Line 10 + Line 14) <div style="border: 2px solid black; width: 100px; height: 25px; display: inline-block; margin-left: 10px;"></div>	

I declare, under penalty of perjury, that to the best of my knowledge, the statement here is true and correct:

 Signature

 Date