

## **DIVISION OF REVENUE AND TAXATION**

Department of Finance

Commonwealth of the Northern Mariana Islands



## Monthly Marijuana Retailer Surtax and Cannabis Excise Tax Return

		Do not write in this space				
Type of filer Producer Retailer Both Check	if AMENDED Return					
Taxpayer's name	Taxpayer Identification Num	ber (TIN)				
DBA (Doing Business As - optional)	Filing period	If final return, enter date				
Mailing address	Telephone number	Contact person				
	( )					
State, city, and ZIP code	Island location	Village				
	🗌 Saipan 🗌 Rota 🗌 Tinian					

PAF	RT I. MARIJUANA RETAILER SURTAX	GROSS REVENU	JE TAX
1.	Gross revenue on all retail sales except sales from medicinal marijuana, @ 15% tax 1.		
2.	Gross revenue on retail sales from medicinal marijuana, @ 7.5% tax		
3.	Total tax. Add lines 1 and 2		. 3.
4.	Prior payment on original return or prior amendments for this month		. 4.
5.	Amount due. If line 3 is greater than line 4, subtract line 4 from line 3		. 5.
6.	Amount overpaid. If line 4 is greater than line 3, subtract line 3 from line 4		. 6.
PAF	T II. CANNABIS EXCISE TAX ON PRODUCER	GROSS REVENU	JE TAX
1.	Gross revenue from sale of marijuana products, @ 15% tax		
2.	Prior payment on original return or prior amendments for this month		· 2.
3.	Amount due. If line 1 is greater than line 2, subtract line 2 from line 1		. 3.
4.	Amount overpaid. If line 2 is greater than line 1, subtract line 1 from line 2		• 4.
PAF	T III. TAX DUE OR (OVERPAID)		
1.	Total tax due. Add line 5 of Part I and line 3 of Part II	• • • • •	· 1
2.	Total tax overpaid. Add line 6 of Part I and line 4 of Part II		. 2.
		lf ove	erpaid, check 🕨 📃 for refund

DECLARATION: Under penalty of perjury, I declare that I have examined this return and to the best of my knowledge and belief, it is true, correct and accurately lists all amounts and sources of income during this reporting period. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

	Taxpayer's Name and Signature	Title		Date
	Preparer's Signature	Date	PTIN (if self-employed)	Firm's EIN
PAID PREPARER				
USE ONLY	Firm's name		Mailing address	