



DIVISION OF REVENUE AND TAXATION

Department of Finance

Commonwealth of the Northern Mariana Islands



Monthly Marijuana Retailer Surtax and Cannabis Excise Tax Return

Form OS-3105C

Type of filer [] Producer [] Retailer [] Both Check [] if AMENDED Return

Do not write in this space

Form with fields for Taxpayer's name, TIN, DBA, Filing period, Mailing address, Telephone number, Contact person, State, city, and ZIP code, Island location, and Village.

PART I. MARIJUANA RETAILER SURTAX

Table with 2 columns: Description, GROSS REVENUE, TAX. Rows for 1. Gross revenue on all retail sales except sales from medicinal marijuana, @ 15% tax and 2. Gross revenue on retail sales from medicinal marijuana, @ 7.5% tax.

PART II. CANNABIS EXCISE TAX ON PRODUCER

Table with 2 columns: Description, GROSS REVENUE, TAX. Row for 1. Gross revenue from first sale of marijuana products, @ 15% tax.

PART III. TAX DUE OR (OVERPAID)

Table with 2 columns: Description, TAX. Rows for 1. Total of all taxes. Add amounts in Part I, lines 1 and 2, and Part II, line 1. 2. Prior payment on original return and/or prior amendments for this month. 3. Tax due or (overpaid) this month. Subtract line 2 from line 1 of this part.

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

Table with fields for PAID PREPARER USE ONLY: Preparer's Signature, Date, PTIN (if self-employed), Firm's EIN, Firm's name, Mailing address.