

BUSINESS NAME: _____ FEIN OR SSN: _____
 PERMIT NUMBER (APPLICATION CASE NUMBER): _____

REPORTING PERIOD (MONTH/YEAR): _____

1g.	GROSS RECEIPTS FOR THIS PERIOD: LOCATION: _____	Retail Sales: _____ Manufacturing: _____ Distribution: _____ Testing: _____	* PER PSMC 3.42.100 PAYMENT OF TAX ON CANNABIS BUSINESS OR ACTIVITY FROM ANY ONE CALENDAR MONTH IS DUE TO THE TAX ADMINISTRATOR ON OR BEFORE THE LAST BUSINESS DAY OF THE FOLLOWING MONTH; OTHERWISE, PENALTY OF TWENTY- FIVE 25 PERCENT (25%) PLUS INTEREST WILL APPLY.
1h.	GROSS RECEIPTS FOR THIS PERIOD: LOCATION: _____	Retail Sales: _____ Manufacturing: _____ Distribution: _____ Testing: _____	
1i.	GROSS RECEIPTS FOR THIS PERIOD: LOCATION: _____	Retail Sales: _____ Manufacturing: _____ Distribution: _____ Testing: _____	
1j.	GROSS RECEIPTS FOR THIS PERIOD: LOCATION: _____	Retail Sales: _____ Manufacturing: _____ Distribution: _____ Testing: _____	
1k.	GROSS RECEIPTS FOR THIS PERIOD: LOCATION: _____	Retail Sales: _____ Manufacturing: _____ Distribution: _____ Testing: _____	