

MONTINA RUFFIN  
DIRECTOR  
TREASURER/TAX COLLECTOR



HOOD RIVER COUNTY  
DEPARTMENT OF BUDGET & FINANCE  
601 STATE STREET  
HOOD RIVER, OREGON 97031-1871  
PHONE (541) 386-1301  
FAX (541) 387-6894

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, State Zip

Quarter Ending: \_\_\_\_\_

Due Date: \_\_\_\_\_

### MARIJUANA TAX QUARTERLY RETURN

- |  |             |
|--|-------------|
| 1. <b>Total Retail Sales</b> (Total sales amount reported on Oregon quarterly return*) | 1. _____    |
| 2. <b>Tax Rate</b>   | 2. _____ 3% |
| 3. <b>Tax Collected</b> (multiply line 1 by line 2)                                    | 3. _____    |
| 4. <b>Administrative Fee rate</b> (percentage business may retain)                     | 4. _____ 2% |
| 5. <b>Administrative Fee</b> (multiply line 3 by line 4)                               | 5. _____    |
| 6. <b>TOTAL TAX DUE</b> (line 3 minus line 5)  | 6. _____    |

**PENALTIES AND INTEREST APPLIES IF TAX IS NOT PAID BY THE END OF THE MONTH IN WHICH THE TAX IS DUE**

- |  |           |
|--|-----------|
| 7. <b>Interest</b> – one percent (1%) per month of line 6                              | 7. _____  |
| 8. <b>Penalty</b> – See Sec. 3.28.070 Hood River Ordinance 364                         | 8. _____  |
| 9. <b>Adjustment For Prior Overpayment or shortage</b>                                 | 9. _____  |
| 10. <b>TOTAL TAX, PENALTY &amp; INTEREST DUE</b> (add lines 6, 7, 8 & plus or minus 9) | 10. _____ |

I declare that the marijuana tax return above is true and correct.

\_\_\_\_\_  
Signature of operator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name Title

**\*Remember to include a copy of Oregon Quarterly Marijuana Tax Return**

| Hood River County Use Only  |          |
|-----------------------------|----------|
| TAX (MJ) 101-0303-335-10.49 | \$ _____ |
| P&I (MJ) 101-0303-335-10.49 | \$ _____ |