



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

Taxpayer's name, Taxpayer Identification Number (TIN), DBA, Filing period, Mailing address, Telephone number, Contact person, State, city, and ZIP code, Island location, Village

PART I. MARIJUANA RETAILER SURTAX

Table with 2 columns: Description, GROSS REVENUE, TAX. Rows 1-6 for Marijuana Retailer Surtax

PART II. CANNABIS EXCISE TAX ON PRODUCER

Table with 2 columns: Description, GROSS REVENUE, TAX. Rows 1-4 for Cannabis Excise Tax on Producer

PART III. TAX DUE OR (OVERPAID)

Table with 2 columns: Description, Amount. Rows 1-2 for Tax Due or (Overpaid)

If overpaid, 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.

Taxpayer's Name and Signature Title Date

Table with 5 columns: PAID PREPARER USE ONLY, Preparer's Signature, Date, PTIN (if self-employed), Firm's EIN, Firm's name, Mailing address