# How to Complete the Cannabis Retailer Monthly Sales/Excise Tax Form (LIQ1295) Publication No. CIB100 - Updated June 2024

The cannabis excise tax is collected on behalf of Washington State by licensed cannabis retailers from buyers. Failure to report your monthly sales and pay the collected cannabis excise tax may result in your license being recommended for "Intent to Suspend" or "Intent to Revoke."

### **Important Notes**

- Your monthly sales/tax report and payment are to be submitted on or before the tax due date each month to be compliant with LCB.
- You must use LCB's monthly sales/tax report (LIQ1295) when reporting your sales and collected cannabis excise tax.
- You must use your six-digit license number and trade name to ensure your information is processed without a delay.
- You should review and confirm your report information for your current license number, trade name, report month and year before submitting the report.
- Submitting your report and payment:
  - o If paying by ACH, email your report to cannabistaxes@lcb.wa.gov.
  - If mailing your payment, mail early to ensure the U.S. Post Office central processing centers have sufficient time to post your payment on or before the tax due date.

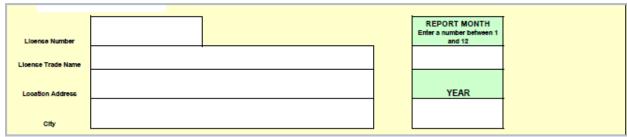
#### LIQ1295 Monthly Sales/Tax Report

There are two formats for the monthly sales/tax report - an excel form or a fillable PDF. Check the forms on the <u>LCB website here</u> to verify that you are using the current version of the form.

Below are instructions for filling out the form, split into sections. The process is the same for each type of form. A full screenshot of the form is on page 4 of this document.

Use the tab key to move between cells.

#### **Section 1: License Information**



Enter your license number, trade name (not corporate name), location address, city, report month and year.

## **Section 2: Additional Reporting Information**

Submitting a revised report (Include original report, point of sale report and explanation) - Enter Yes o No.	
Reporting monthly sales = \$0.00 - Enter Yes or No.	
You no longer own the business and this is the "Final Report" - Enter Yes or No	

Update with Yes or No, if submitting a review report, reporting \$0.00 monthly sales or final report (if you no longer own the business).

Section 3: Sales / Tax Reporting

	TOTALS		
CANNABIS PRODUCT SALES (Before Sales and Excise Tax)	1	\$	
Less, Total Medical cannabls product sales (enter as a credit or a negative amount). Valid between June 2024 and June 30, 2029	2		
TOTAL CANNABIS PRODUCT SALES (Before Sales and Excise Tax)	3	0.00	
RETAILER EXCISE TAX RATE	4	37%	
CALCULATED CANNABIS EXCISE TAX DUE (Cell 1.0 less cell 1.1) x cell 2)	5	0.00	
ADDITIONAL EXCISE TAX COLLECTED (amount that is more than the calculated in cell 3)	6		
SUBTOTAL (CANNABIS EXCISE TAX)	7	<b>\$</b> 0.00	
Adjustments			
Balance Due from prior period	8		
Approved Credits - Attach LCB's approval email. Enter as a credit / negative number.	9	0.00	
Amount to pay (after adjustments)	10	0.00	

- Cell 1: Enter your total cannabis product sales for the month, including returns and discounts.
- Cell 2: Enter your monthly medical cannabis product sales as a credit or negative amount.
- Cell 6: Additional Excise Tax
  - o If the collected cannabis excise tax from your point-of-sale system is more than the amount in cell 5, enter the additional amount if you are not able to refund that amount to the buyer.
  - o If the collected cannabis excise tax from your point-of-sale system is less than the amount in cell 5, enter \$0.00. It is suggested you review your point-of-sale system to confirm the tax rates are correctly entered.
- Cell 8: Enter a number here only if you are paying an additional amount for your outstanding account balance.
- Cell 9: Enter approved credits as a negative number. You may only record a credit if you received an approval email from the Finance Tax and Fee Cannabis Excise Tax

Supervisor. Attach a copy of the email to your report showing you were approved to take the credit.

# **Section 4: Signature**

Certified True and Correct Under Penalty of Perjury								
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Signature of Person Completing Form								
Printed Name								
Date		Telephone No.						
E-Mall Address								

Enter the person's name that prepared the form, date, telephone and contact phone number.

Call the Cannabis Tax Unit (360) 664.1789 or email <a href="mailto:cannabistaxes@lcb.wa.gov">cannabistaxes@lcb.wa.gov</a> if you have questions about completing or submitting this form

## Below is a screenshot of the full LIQ1295 form.

Washington State Liquor and Cannabis Board  PO BOX 3724 SEATTLE WA 98124-3724 E-mail: cannabistaxes@lcb.wa.gov												
							REPORT MONTH Enter a number between 1					
License Number							7		and 12			
License Trade Name							-					
Location Address									YEAR			
Estatoli Addition									TEM.			
City												
Submitting a revised repo	Submitting a revised report (include original report, point of sale report and explanation) - Enter Yes or											
Reporting monthly sales:	= \$0.00 - Enter Yes	or No.					$\dashv$					
You no longer own the bu			ort" - Enter Ye	es or No			$\dashv$					
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	eporting and Payn	sent Obligation				CAMMARIA PROGRAMA AN ES					T	DTALS
WAC 314-55-089 You mus	st submit a report ea	ach month, even		nave sales &		CANNABIS PRODUCT SALES (Before Sales and Excise Tax)					\$	
pay on or before the tax due date.  "Reports & tax payments are DUE on the 20TH of the following month (e.g. Reporting May Sales due on June 20th).						Less, Total Medical cannable product sales (enter as a credit or a negative amount). Valid between June 2						
	unt cannot be refund	ded to the consu	mer.			2024 and June 30, 2029						
Medical compliant product sales that were exempted from the cannabls excise tax.						TOTAL CANNABIS PRODUCT SALES				3		0.00
"Fallure to report and pay		(Before Sales and Excise Tax)						0.00				
railule to report and pay	Suspension"		area to scart ur	ie intentito		RETAILER EXCISE TAX RATE				4		37%
Licenses that have been suspended for 90 days or more; has two consecutive "intent to Suspend" notices or have a total of eight or more "intent to Suspend" notices, may be						CALCULATED CANNABIS EXCISE TAX DUE (Cell 1.0 less cell 1.1) x cell 2)				5		0.00
,		ADDITIONAL EXCISE TAX COLLECTED (amount that is more than the calculated in cell 3)				6						
					'	SUBTOTAL (CANNABIS EXCISE TAX) 7					5	0.00
WSLCB	USE ONLY (Fund	315, Rev code	1-23-30)						Adjustments		•	
Check No	VL	Tax System				Balance Due from prior period		8				
CHOCK NO						Approved Credits - Attach LCB's approval email Enter as a credit / negative number.			9		0.00	
	PL.	Tax System							fter adjustments)	10		0.00
Check If Late Postmark Date	Report	Payment						-, (-	,		\$	
License No 0	Month	0	Year	0		Cort	ified	Ten	e and Correct Unde	r Dono	lby of Do	rium
Address	0	City	0				uneu	Hu	e and correct onde	i rena	ity of Fe	ijuiy
Monthly Sales Less Medical Cannabis Product Cannabis Sales					Signature of Person Completing Form							
Calculated Exolce Tax Additional Exolce Approved Tax Collected Approved												
Tax Collected credits Balance Due Total due						Printed Name						
Check OK					•	Date			Telepho	ne No.		
Revised May 2024						E-Mall Address	В					