WASHINGTON CANNABIS RETAILER SALES & EXCISE TAX FORM LIQ-1295



PO BOX 3724 SEATTLE WA 98124-3724 E-mail: cannabistaxes@lcb.wa.gov

| License Number | | | _ | |
|--|--|--|---|--|
| License Trade Name | | | | |
| | | | | |
| Location Address | | | | |
| | | | | |
| City | | | | |
| Submitting a revised report (include original report, point of sale report and explanation) - Enter Yes or lo. | | | | |
| eporting monthly sales = \$0.00 - Enter Yes or No. | | | | |
| ou no longer own the business and this is the "Final Report" - Enter Yes or No | | | | |
| | | | | |

| REPORT MONTH Enter a number between 1 and 12 |
|--|
| |
| YEAR |
| |

| Reporting | and | Payment | Obligations |
|-----------|-----|---------|-------------|

WAC 314-55-089 You must submit a report each month, even if you did not have sales & 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).
- ** The greater of calculated vs. collected is to be reported and paid if the over-collected amount cannot be refunded to the consumer.

 $\label{thm:medical compliant product sales that were exempted from the cannabis excise tax. \\$

WAC 315-55-092 A 2% late payment penalty will be assessed each month on unpaid account balances.

*Failure to report and pay may result in your license being referred to start the "Intent to Suspension" process.

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 recommended for "Intent to Revoke".

| WSLCB USE ONLY (Fund 315, Rev code 1-23-30) | | | | | | |
|---|---|--------------------------------|------------------|---------------------------------|-----------|----|
| Check No | | VL | | Tax System | | |
| | | PL | | Tax System | | |
| Check if Late | | Report | | Payment | | |
| License No | 0 | Mon | th | 0 | Year | 0 |
| Location Address | | 0 | | City | 0 | |
| Monthly Sales | | Less Medical Cannabis Sales | | Total Cannabis Product Sales | | |
| - | | - | | - | | - |
| Calculated Excise Tax Additional Tax Colle | | | Approved credits | Balance Due | Total due | |
| | - | - | | - | - | - |
| | | | | | Check | OK |

Revised May 2024

| | | TOTALE | | | | |
|---|----|--------|--|--|--|--|
| OANIMARIO PROPUET CALES | | TOTALS | | | | |
| CANNABIS PRODUCT SALES (Before Sales and Excise Tax) | 1 | | | | | |
| (Before Sales and Excise Tax) | | \$ | | | | |
| Less - Total Medical sales that qualify for cannabis excise tax exemption (enter as a a negative amount or 0.00 if no qualified sales) . Valid June 6, 2024 to June 30, 2029. | 2 | | | | | |
| Julie 30, 2029. | | | | | | |
| "TOTAL TAXABLE CANNABIS PRODUCT SALES (Before Sales and Excise Tax)" | 3 | | | | | |
| RETAILER EXCISE TAX RATE | 4 | | | | | |
| CALCULATED CANNABIS EXCISE TAX DUE (Box 3 * Box 4) | 5 | | | | | |
| ADDITIONAL EXCISE TAX COLLECTED (amount that is more than the calculated in Box 5) Enter 0.00 if no data to enter. | 6 | | | | | |
| SUBTOTAL (CANNABIS EXCISE TAX) | 7 | \$ | | | | |
| Adjustments | | | | | | |
| LCB Assessed 2% late payment penalty or additional payment for balance due statements | 8 | | | | | |
| Approved Credits - Attach LCB's approval email. Enter as a credit / negative number. | 9 | | | | | |
| Amount to pay (after adjustments) | 10 | \$ | | | | |

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