

**WHOLESALE CANNABIS TAX RETURN  
Cultivation Facility**

For Department Use Only

MAIL ORIGINAL TO: NEVADA DEPARTMENT OF TAXATION  
3850 ARROWHEAD DR., 2nd FLOOR  
CARSON CITY, NV 89706

Return for month ending

Due on or before

Date paid

All sales must be reported in the month that the sale occurred.

|   |           |   |
|---|-----------|---|
| 1. Small/Popcorn Bud in pounds  | x \$1,696 | = |
| 2. Cannabis Flowers/Buds in pounds  | x \$2,145 | = |
| 3. Cannabis Leaves/Trim/Shake in pounds                                       | x \$513   | = |
| 4. Immature (not flowering) Cannabis Plants                                   | x \$50    | = |
| 5. Wet Whole Plants in pounds   | x \$275   | = |
| 6. Pre-Rolled Cannabis Cigarettes/Joints in units                             | x \$5.00  | = |
| 7. Unsalable Flower Approved for Extraction in pounds                         | x \$551   | = |
| 8. Unsalable Trim Approved for Extraction in pounds                           | x \$511   | = |
| 9. Total Combined Taxable Value (add Line 1 through Line 8)                   |           |   |
| 10. Total Calculated Tax (Line 9 x 15% [0.15])                                |           |   |
| 11. Credits (Overpayments as determined by the Department)                    |           |   |
| 12. Net Tax Due   |           |   |
| 13. Penalty (See instructions)  |           |   |
| 14. Interest (See instructions for current rate and calculation)              |           |   |
| 15. Previous Debits (Outstanding Liabilities as determined by the Department) |           |   |
| 16. Total amount due and payable (Line 12 + Line 13 + Line 14 + Line 15)      |           |   |
| 17. Amount paid   |           |   |

I HEREBY CERTIFY THAT THIS RETURN INCLUDING ANY ACCOMPANYING SCHEDULE AND STATEMENTS HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE RETURN. RETURN MUST BE SIGNED.

\_\_\_\_\_  
PRINT NAME OF PERSON SIGNING RETURN

\_\_\_\_\_  
SIGNATURE OF TAXPAYER OR AUTHORIZED AGENT

**A RETURN MUST BE FILED EVEN IF  
NO TAX LIABILITY EXISTS**

To email this return, save the return to your computer and email it to:  
nevadaolt@tax.state.nv.us

\_\_\_\_\_  
TITLE PHONE NUMBER (WITH AREA CODE)

\_\_\_\_\_  
FEDERAL ID NUMBER (EIN) OR SSN DATE

**Nevada Department of Taxation**

**WHOLESALE CANNABIS TAX RETURN**

**Definitions:**

The following definitions are to be used to determine the classification of the facility relating to the payment of the Wholesale Cannabis Tax.

**Cultivation Facility:** A “Cultivation Facility”, as defined in NRS 453D.030 means a business that:

1. Is licensed to cultivate, process, and package cannabis
2. Is licensed to:
  - a. Have cannabis tested by a cannabis testing facility
  - b. Sell cannabis to:
    - i. retail cannabis stores
    - ii. cannabis product manufacturing facilities
    - iii. other cannabis cultivation facilities, but not to consumers

All sales must be reported in the month that the sale occurred.

- **Line 1.** Enter the amount, in pounds, of small/popcorn bud sold in the month
- **Line 2.** Enter the amount, in pounds, of cannabis flowers/buds sold in the month
- **Line 3.** Enter the amount, in pounds, of leaves/trim/shake sold in the month
- **Line 4.** Enter the amount, in units, of the immature (not flowering) cannabis plants sold in the month
- **Line 5.** Enter the amount, in pounds, of the wet whole plants sold in the month
  - The Cannabis Wet Whole Plant must be weighed within 2 hours of the batch being harvested and without any further processing, including any artificial drying such as increasing the ambient temperature of the room or any other form of drying, curing, or trimming. Tax must be calculated and paid on the total Wet Whole Plant weight. If the Wet Whole Plant is not weighed within 2 hours of the batch being harvested or is subjected to further processing before being weighed, the excise tax on such plant cannot be calculated and paid on the Wet Whole Plant basis and must instead be calculated and paid at the Bud and Trim rates.
- **Line 6.** Enter the amount, in units, of pre-rolled cannabis cigarettes/joints sold in the month
- **Line 7.** Enter in pounds. Unsalable flower is usable cannabis approved for extraction by the Department pursuant to Section 210(1) of LCB File No. R092-17 (NAC 453D).
- **Line 8.** Enter in pounds. Unsalable trim is usable cannabis approved for extraction by the Department pursuant to Section 210(1) of LCB File No. R092-17 (NAC 453D).
- **Lines 1 – 8.** Multiply the Total Quantity Sold by the Fair Market Value and enter the Total into the third column.
- **Line 9.** Enter the total value of Lines 1 – 8
- **Line 10.** Multiply the value of Line 9 by 15% (0.15)
- **Line 11.** Enter amount due to you for overpayment made in prior reporting periods for which you have received a Department of Taxation credit notice. Do not take the credit if you have applied for a refund. *NOTE: Only credits established by the Department may be used.*

- **Line 12.** Subtract Line 1 1 from Line 10 and enter the result.
- **Line 13.** If this return is not submitted/postmarked and taxes are not paid on or before the due date as shown on the face of this return, the amount of penalty due is based on the number of days the payment is late per NAC360.395 (see table below). The maximum penalty amount is 10%. Determine the number of days late the payment is, and multiply the net tax owed (Line 11) by the appropriate rate based on the table below. The result is the amount of penalty that should be entered. For example, the taxes were due January 31, but not paid until February 15. The number of days late is 15 so the penalty is 4%. The penalty and interest amounts are automatically calculated if you complete this form online.

| Number of days late | Penalty Percentage | Multiply by: |
|---------------------|--------------------|--------------|
| 1 – 10              | 2%                 | 0.02         |
| 11 – 15             | 4%                 | 0.04         |
| 16 – 20             | 6%                 | 0.06         |
| 21 – 30             | 8%                 | 0.08         |
| 31 +                | 10%                | 0.10         |

- **Line 14.** To calculate interest for each month late, multiply Line 10 x 0.75% (.0075).
- **Line 15.** Enter any amount due for prior reporting periods for which you have received a Department of Taxation debit notice.
- **Line 16.** Add Lines 12 – 15 and enter the amount.
- **Line 17.** Enter the total amount paid with this return.