

**NEVADA DEPARTMENT OF TAXATION**

**RETAIL CANNABIS TAX RETURN**

TID No:  -

MAIL ORIGINAL TO: NEVADA DEPARTMENT OF TAXATION  
3850 ARROWHEAD DRIVE  
CARSON CITY, NV 89706

For Department Use Only

Return for month ending

Due on or before

Date paid

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

- 1. Total Gross Sales
- 2. Total Sales of Medical Use Cannabis
- 3. Total Sales to Independent Cannabis Lounges  
(Supplemental form # 1 must be completed and submitted with return)
- 4. Total Taxable Sales (line 1 minus line 2 and line 3)
- 5. Total Calculated Tax (Line 4 x 10% (0.10))
- 6. Credits (Overpayments as determined by the Department)
- 7. Net Tax Due (Line 5 minus Line 6)
- 8. Penalty (See instructions)
- 9. Interest (See instructions for current rate and calculation)
- 10. Previous Debts (Outstanding Liabilities as determined by the Department)
- 11. Total Amount Due (Line 7 + Line 8 + Line 9 + Line 10)
- 12. Amount Paid

1.	
2.	
3.	
4.	
5.	
6.	
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9.	
10.	
11.	
12.	

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**

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

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

\_\_\_\_\_  
FEDERAL TAX ID NUMBER (EIN) DATE



**Nevada Department of Taxation**

**RETAIL CANNABIS TAX RETURN**

**Definitions:**

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

**Retail Cannabis Store:** A “Retail Cannabis Store”, as defined in NRS 678A.065 means an entity:

1. Is licensed by the Board pursuant to NRS 678B.250; and
2. Acquires, possesses, delivers, transfers, supplies, sells, or dispenses cannabis or related supplies to a consumer or to another adult-use cannabis retail store.

**Line 1. TOTAL GROSS SALES** – Enter the amount of all sales (excluding any taxes collected). Total gross sales include sales of medical use cannabis.

**Line 2. TOTAL SALES OF MEDICAL USE CANNABIS** - Enter all medical use cannabis sales made to a person holding a valid registry identification card, letter of approval, or is authorized to engage in the medical use of cannabis under the laws of his or her state or jurisdiction of residence. This amount should be deducted from line 1 when calculating total amount due.

**Line 3. TOTAL SALES TO INDEPENDENT CANNABIS LOUNGES** – Enter the total sales price for all sales made to an Independent Cannabis Lounge. This amount should be deducted from line 1 when calculating total amount due. The Supplemental form # 1 documenting each individual sale to an Independent Cannabis Lounge, must be completed, and submitted with the return.

**Line 4. TAXABLE SALES (LINE 1 MINUS LINE 2 and LINE 3)**

**Line 5. TOTAL CALCULATED TAX** – Amount subject to Retail Cannabis Tax. (Line 4 x 10% (0.10))

**Line 6. CREDITS** - 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 7. NET TAX DUE** – Subtract Line 6 from Line 5 and enter the result.

**Line 8. PENALTY** - 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 NAC 360.395 (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 7) 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%.

**Line 9. Interest** – To calculate interest for each month late, multiply Line 7 x 0.75% (or .0075).

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 10. PREVIOUS DEBITS** - Enter any amount due for prior reporting periods for which you have received a Department of Taxation debit notice.

**Line 11. TOTAL AMOUNT DUE** – Add Lines 7 through 10 and enter amount.

**Line 12 . AMOUNT PAID** - Enter the total amount paid with this return.

If you have questions concerning this tax return and how to properly complete it, please call (775) 684-2000.