

Illinois Department of Revenue  
**MC-1 Medical Cannabis Cultivation Privilege Tax Return**

REV 01 FORM 960  
E S \_/\_/\_/\_/\_  
NS DP CA RC

Do not write above this line.

**Identify your business**

Account ID: \_\_\_\_\_

Reporting period: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

License no.: MC - \_\_\_\_\_

Business name: \_\_\_\_\_

Business address: \_\_\_\_\_

Number and street

City

State

ZIP



**Step 1: Figure the total number of ounces sold** - Complete Schedule MC-2 and, if applicable, Schedule MC-3 to obtain the lines below.

**1 Bulk medical cannabis** - Total ounces of medical cannabis sold to dispensing organizations

**a** Total number of bulk ounces sold **1a** \_\_\_\_\_  
(This is the total of Lines 1a of your attached Schedules MC-2)

**b** Total number of deductible bulk ounces **1b** \_\_\_\_\_  
(This is the total of Lines 1b of your attached Schedules MC-3)

**Subtract Line 1b from Line 1a.** Net bulk ounces sold. **1** \_\_\_\_\_

**2 Infused medical cannabis** - Total ounces of medical cannabis sold to dispensing organizations

**a** Total number of ounces infused into products sold **2a** \_\_\_\_\_  
(This is the total of Lines 2a of your attached Schedules MC-2)

**b** Total number of deductible ounces infused into products **2b** \_\_\_\_\_  
(This is the total of Lines 2b of your attached Schedules MC-3)

**Subtract Line 2b from Line 2a.** Net ounces infused into products sold. **2** \_\_\_\_\_

**3 Add Lines 1 and 2.** Total ounces sold to dispensing organizations subject to tax. **3** \_\_\_\_\_

**Step 2: Figure your privilege tax due**

**4 Bulk medical cannabis** - Total consideration received from dispensing organizations

**a** Total consideration received for bulk ounces **4a** \_\_\_\_\_  
(This is the total of Lines 4a of your attached Schedules MC-2)

**b** Total deductible consideration for bulk ounces **4b** \_\_\_\_\_  
(This is the total of Lines 4b of your attached Schedules MC-3)

**Subtract Line 4b from Line 4a.** Net consideration received for bulk ounces. **4** \_\_\_\_\_

**5 Infused medical cannabis** - Total consideration received from dispensing organizations

**a** Total consideration received for infused ounces **5a** \_\_\_\_\_  
(This is the total of Lines 5a of your attached Schedules MC-2)

**b** Total deductible consideration for infused ounces **5b** \_\_\_\_\_  
(This is the total of Lines 5b of your attached Schedules MC-3)

**Subtract Line 5b from Line 5a.** Net consideration received for infused ounces. **5** \_\_\_\_\_

**6 Add Lines 4 and 5.** Total consideration received from dispensing organizations subject to tax. **6** \_\_\_\_\_

**7 Multiply Line 6 by 7% (.07).** This is your privilege tax due. **7** \_\_\_\_\_

**8** If you file and pay the amount due by the due date, multiply Line 7 by 1.75% (.0175). **8** \_\_\_\_\_

**9 Subtract Line 8 from Line 7.** This is your net tax due. **9** \_\_\_\_\_

**10** Credit amount (See instructions.) **10** \_\_\_\_\_

**11 Subtract Line 10 from Line 9.** This is your payment due. **11** \_\_\_\_\_

**Step 3: Sign below**

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

\_\_\_\_\_  
Taxpayer's signature

(\_\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Phone

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

\_\_\_\_\_  
Preparer's signature

(\_\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Phone

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

This form is authorized as outlined under the tax or fee Act imposing the tax or fee for which this form is filed. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.