



MC-2 Medical Cannabis Sales

Attach Schedule MC-2 to Form MC-1, Medical Cannabis Cultivation Privilege Tax Return.

Page _____ of _____

Account ID: _____ License no.: MC - _____ Reporting period: _____ / _____
Month Year

See Specific Instructions before completing the information below.

Cultivation center's information

Location code of selling cultivation center _____ - _____ - _____ - _____

Dispensing organization's information

Account ID _____ - _____ Registry ID number _____ - _____

Business name _____

Physical address _____
Number and street City State ZIP

Figure your privilege tax base

Ounces sold to this dispensing organization

1a Number of bulk ounces 1a _____

2a Number of ounces infused into products 2a _____

Consideration received from this dispensing organization

4a Consideration received for bulk ounces 4a _____

5a Consideration received for ounces infused into products 5a _____

Cultivation center's information

Location code of selling cultivation center _____ - _____ - _____ - _____

Dispensing organization's information

Account ID _____ - _____ Registry ID number _____ - _____

Business name _____

Physical address _____
Number and street City State ZIP

Figure your privilege tax base

Ounces sold to this dispensing organization

1a Number of bulk ounces 1a _____

2a Number of ounces infused into products 2a _____

Consideration received from this dispensing organization

4a Consideration received for bulk ounces 4a _____

5a Consideration received for ounces infused into products 5a _____

Page totals

1a _____

2a _____

4a _____

5a _____

