



MC-3 Medical Cannabis Deductions

Attach Schedule MC-3 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 accepting cultivation center _____ - _____ - _____ - _____

Dispensing organization's information

Account ID _____ - _____ Registry ID number _____ - _____

Business name _____

Physical address _____
Number and street City State ZIP

Reason for deduction and invoice number (See instructions.)

Reason(s) _____

Invoice number(s) _____

Figure your deductions

Deductible ounces for this dispensing organization

1b Number of deductible bulk ounces **1b** _____

2b Number of deductible ounces infused into products **2b** _____

Deductible consideration for this dispensing organization

4b Deductible consideration for bulk ounces **4b** _____

5b Deductible consideration for ounces infused into products **5b** _____

Cultivation center's information

Location code of accepting cultivation center _____ - _____ - _____ - _____

Dispensing organization's information

Account ID _____ - _____ Registry ID number _____ - _____

Business name _____

Physical address _____
Number and street City State ZIP

Reason for deduction and invoice number (See instructions.)

Reason(s) _____

Invoice number(s) _____

Figure your deductions

Deductible ounces for this dispensing organization

1b Number of deductible bulk ounces **1b** _____

2b Number of deductible ounces infused into products **2b** _____

Deductible consideration for this dispensing organization

4b Deductible consideration for bulk ounces **4b** _____

5b Deductible consideration for ounces infused into products **5b** _____

Page totals

1b _____

2b _____

4b _____

5b _____

