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

Identify your business

Do not write above this line.

Account ID: ____ ____ ____ ____ ____ ____ ____ ____

License no.: **MC -** ____ ____ ____ ____ ____

Reporting period: ___ ___ / ___ ___ ___ ___

Business name: _____

Business address: _____
Number and street

_____
City   State   ZIP

Step 1: Figure the total number of ounces sold - *Figures as they should have been reported*

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 - *Figures as they should have been reported*

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 Discount (See instructions.) **8** _____

9 Subtract Line 8 from Line 7. This is your tax due after the discount. **9** _____

10 Credit amount (See instructions.) **10** _____

11 Subtract Line 10 from Line 9. This is your net tax due. **11** _____

12 Total amount you previously paid for this reporting period. **12** _____

13 If Line 12 is *greater than* Line 11, figure your overpayment by **subtracting Line 11 from Line 12.** **13** _____

14 If Line 12 is *less than* Line 11, figure your underpayment by **subtracting Line 12 from Line 11.** **14** _____
  Pay this amount.

Step 3: Mark the reason you are filing this amended return

☐ I made a computation error that resulted in an overpayment of tax.
  • If you marked this box, was the overpaid tax collected from the dispensing organization(s)? ☐ yes ☐ no
  • If you marked **"yes,"** did you unconditionally refund the overpaid tax? ☐ yes ☐ no
☐ I made a computation error that resulted in underpayment of tax.
☐ I made an error on a schedule or attachment.
☐ The original License no. was incorrect. The incorrect License no. is **MC -** __ __ __ __ __.
☐ The original reporting period was incorrect. The incorrect reporting period is _____.
☐ Other. Please explain. _____

Step 4: 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. The information in this return is taken from the records of the business for which it is filed.

_____ (_____) _____ - _____ ____ / ____ / _____
Taxpayer's signature   Phone   Date

_____ (_____) _____ - _____ ____ / ____ / _____
Preparer's signature   Phone   Date

MC-1-X (N-05/15)