



# 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** \_\_\_\_\_

