## MARIJUANA EXCISE TAX RETURN (MET-1) **Arizona Department of Revenue** PO Box 29010 - Phoenix, AZ 85038-9010 AZTaxes.gov

For assistance out-of-state or in the Phoenix area: (602) 255-3381 or Statewide, toll free from area codes 520 and 928: (800) 352-4090

	ADOR EXCISE REGISTRATION NUMBER:					
SECTION I. TAXPAYER INFORMATION						
la ☐ Amended Return   Ib ☐ Final Return:	TAXPAYER IDENTIFICATION NUMBER (EIN):					
BUSINESS NAME	PERIOD BEGINNING:	PERIOD ENDING:				
	$M_1M_1D_1D_1Y_1Y_1Y_1Y_1$	M <sub>i</sub> M <sub>1</sub> D <sub>1</sub> D <sub>1</sub> Y <sub>1</sub> Y <sub>1</sub> Y <sub>1</sub> Y				
C/O	DOR USE ONLY					
ADDRESS						
CITY STATE ZIP						
☐ Address Changed	RECEIVED DATE					
1 Total Net Sales Amount (subtotal of Column H on the Inventory Schedule)  2 Excise Tax Rate  3 Excise Tax Due  4 Excess Tax (Additional Tax Collected)  5 Net Tax Due  6 TOTAL AMOUNT REMITTED WITH THIS RETURN	X 2 = 3 + 4 = 5 6	.16				
Under penalties of perjury, I declare that I have examined this return, including accompanying s complete. Declaration of preparer (other than taxpayer) is based on all information of which pre		elow as the person to contact to schedule an audit confidential information to this individual				
TAXPAYER SIGNATURE DATE	PAID PREPARER'S PRINTED NAME (OTHER THAN TAXPAYER)	PAID PREPARER'S TIN				
TAXPAYER PHONE NO. TITLE	PAID PREPARER'S SIGNATURE	PAID PREPARER'S PHONE				

Please make check payable to Arizona Department of Revenue.

(OTHER THAN TAXPAYER)

## **Detail Information**

Use the Inventory Schedule to indicate the amount of all marijuana (THC) sold (including Medical and Adult Use/Recreational marijuana): (a) the beginning inventories of all three types (Marijuana, Edibles, Other) of marijuana products for your business location(s) as of the first of the month being reported on this form, (b) the transfers and adjustments that reflect increases and decreases to these beginning inventories through the course of the month, (c) the ending inventories as of the last day of the month being reported, and (d) the net sales amount of taxable sales that are subject to marijuana excise tax (MET). The Total Net Sales Amount in Column H is only for the Adult Use/Recreational marijuana sold.

## **INVENTORY SCHEDULE (SECTION II)**

	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O) SUBTRACT (-)	(P)	(Q)	(R)
LINE	TPT LOCATION CODE	TOTAL NET SALES AMOUNT OF ADULT USE/ RECREATIONAL MARIJUANA	TYPE (MARIJUANA, EDIBLES, OTHER)	UNIT OF MEASURE SEE INSTRUCTIONS	ADD (+) BEGINNING INVENTORY	ADD (+) ADDITIONS TO INVENTORY	SUBTRACT (-) RETURNS TO MANUFACTURER/ PROCESSOR	SUBTRACT (-) TRANSFERS TO OTHER RETAIL LOCATIONS	SUBTRACT (-) PRODUCTS TAKEN OUT OF INVENTORY SEE INSTRUCTIONS	SUBTRACT (-) QUANTITY OF MEDICAL MARIJUANA SOLD TO FINAL CONSUMER	(Q) SUBTRACT (-) QUANTITY OF ADULT USE/REC. MARIJUANA SOLD TO FINAL CONSUMERS	ENDING INVENTORY
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	tal Net Sales											

Amount.....