## Rev. 9/24



## **Cannabinoid Products Consumer Use Tax Return**

tax.utah.gov

Тахра	yer name:				
Addre					
Purch	ase date:	<del></del>			
Today	's date:				
		А. Р	urchase Amount	B. Tax Rate	C.Tax Due
1. Pu	rchased products	1		X 0.10 =	
I declare ur	nder penalties provided by law that to	o the best of my knowledge this		and correct.	Talashasa
Authorized S	Signature	Title	Date		Telephone
 TC-55	1 CU Instructions				
	1 CU Instructions	coupon before filing.	Coupon Instruct	tions	
Complete a					ve) in the <i>Amount Paid</i> box.
Complete a Send this r on the cou	all fields on this return and payment	ur payment to the address	Enter the tax amount   If you need an accom	from Column C (above	
Complete a Send this r on the cou	all fields on this return and payment return and payment coupon with you pon, below. <b>nstructions</b> Enter the total untaxed amount pa	ur payment to the address	Enter the tax amount   If you need an accom	from Column C (above the Argov, or call 801-297-	Americans with Disabilities Act, -3811 or TDD 801-297-2020.
Complete a Send this r on the coup Line 1 Ir Column A Column C	all fields on this return and payment return and payment coupon with you pon, below. <b>nstructions</b> Enter the total untaxed amount payoroduct(s).  Multiply the amount in Column A I Pay this amount.	ur payment to the address aid for the cannabinoid by the tax rate in Column B.	Enter the tax amount  If you need an accome mail taxada@utah. Please allow three wo	from Column C (above modation under the A .gov, or call 801-297 orking days for a resp	Americans with Disabilities Act, -3811 or TDD 801-297-2020. onse.
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Amount Paid

UTAH STATE TAX COMMISSION CANNABINOID CONSUMER USE TAX 210 N 1950 W SLC UT 84134

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