



MEDICAL CANNABIS TAX

Statement of Tax Receipts under the Provisions of City of Evanston, Municipal Code, Title 3, Chapter 2, "Medical Cannabis Tax"

This return must be filed on or before the 20th day of the month, succeeding at the end of the monthly filing period. If the return is filed late, a penalty of 10% per month or part thereof is assessed. A single check may be issued for multiple locations; however, a separate tax statement is required for each store location and month.

Please mark an [X] in the respective month:

Year:

- JANUARY
- FEBRUARY
- MARCH
- APRIL
- MAY
- JUNE
- JULY
- AUGUST
- SEPTEMBER
- OCTOBER
- NOVEMBER
- DECEMBER

Corporation / Partnership Name:

DBA: Year:

Address of Business: Unit:

City: State: Zip code:

1. Total of Monthly Gross Sales	<input type="text"/>
2. Tax Amount Due: (Multiply line 1 by 0.06)	\$ <input type="text"/>
<i>*If late, complete lines 3 through 6</i>	
3. Late Fee Percentage: (Multiply line 2 by 0.10)	<input type="text"/>
4. Month(s) Delinquent	<input type="text"/>
5. Total Penalty Due: (Multiply lines 3 and 4)	\$ <input type="text"/>
6. Total Tax and Penalty Due: (Add lines 2 and 5)	\$ <input type="text"/>

Under penalties as provided by law, the undersigned attests that this tax return is true and accurate to the best of his/her knowledge and belief and is taken from the books and records of the business for which this is filed.

Preparer's Name:

Job Title: Phone Number:

Signature: Date:

Return completed return statement to:

The City of Evanston, Lorraine H. Morton City Hall, ATTN: City Collector's Office, 909 Davis Street, Evanston, IL 60201