



# CITY OF EVANSTON MEDICAL CANNABIS TAX RETURN STATEMENT

**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 calendar month, succeeding 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) on the appropriate month for payment:**

- |                                   |                                |                                    |                                   |
|-----------------------------------|--------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> January  | <input type="checkbox"/> April | <input type="checkbox"/> July      | <input type="checkbox"/> October  |
| <input type="checkbox"/> February | <input type="checkbox"/> May   | <input type="checkbox"/> August    | <input type="checkbox"/> November |
| <input type="checkbox"/> March    | <input type="checkbox"/> June  | <input type="checkbox"/> September | <input type="checkbox"/> December |

**Corporation / Partnership Name:** \_\_\_\_\_

**DBA:** \_\_\_\_\_

**Address of Business:** \_\_\_\_\_

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

**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.**

\_\_\_\_\_  
**Print Name of Person Preparing Return:**

\_\_\_\_\_  
**Title:**

\_\_\_\_\_  
**Phone Number:**

\_\_\_\_\_  
**Signature:**

\_\_\_\_\_  
**Date:**

**Return this completed form along with a check for the tax due to:**

Internal Use only:  
100.15.1560.51597

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

[www.cityofevanston.org/business/home-rule-taxes](http://www.cityofevanston.org/business/home-rule-taxes)