RETURN STATEMENT:

# 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 | |
| 2. Tax Amount Due: (Multiply line 1 by 0.06) | $ |
| *If late, complete lines 3 through 6 | |
| 3. Late Fee Percentage: (Multiply line 2 by 0.10) | |
| 4. Month(s) Delinquent | |
| 5. Total Penalty Due: (Multiply lines 3 and 4) | $ |
| 6. Total Tax and Penalty Due: (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.

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

Internal Use only: 100.15.1560.51597