



## 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 Privilege 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 (X) the appropriate month(s) for payment.

_____ January	_____ April	_____ July	_____ October
_____ February	_____ May	_____ August	_____ November
_____ March	_____ June	_____ September	_____ December

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

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

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

1.) Total of Monthly Gross Sales		
2.) <b>TAX AMOUNT DUE</b> <i>(Multiply Line 1 by 6 % or 0.06):</i>		\$ _____
<b>* If late complete 3 thru 6:</b>		
3.) Late fee percentage <i>(Multiply line 2 by 10% or .10)</i>		_____
4.) Months Delinquent		_____
5.) <b>TOTAL PENALTY DUE:</b> <i>(Multiply Lines 3 &amp; 4)</i>		\$ _____
6.) <b>TOTAL TAX AND PENALTY DUE:</b> <i>(Add Lines 2 &amp; 5)</i>		\$ _____

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.

Signature of Tax Payer	Title	Phone Number
Signature of Person Preparing Return	Print Tax Preparer's Name	Phone Number

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**Payment instructions:**

1. This return can be paid in person at the Revenue Office at the Civic Center at 2100 Ride Ave, Evanston, IL 60201.
2. Mail this completed form along with a check for the tax due to:  
City of Evanston  
Attn: Revenue Office  
2100 Ridge Ave  
Evanston, IL 60201
3. Online payments
  - Coming in 2018. A separate correspondence will follow with detailed instructions.