



County of Mono Cannabis Business Tax Cultivation - Quarterly Return

Business Name: _____ Permit No: _____
Business Address: _____
City: _____ Zip Code: _____
Business Phone: _____
Tax Period: **Quarter** (Select Below) Fiscal Year: _____ Due Date: _____
1st (July - Sept) 2nd (Oct - Dec) 3rd (Jan - Mar) 4th (Apr - Jun)

**Payments must be received on or before the last business day of the month following the reporting period.
Postmarks or other indications of submittal are not accepted.**

Facility Type: _____ Tax Rate: _____ per square foot per year
Gross Sq. Ft.: _____
Taxable Sq. Ft.: _____ Please check box to confirm you understand that the Tax Administrator must approve any reduction in the permitted square footage prior to the quarter being taxed.
Growing Days: _____ Days in Qtr: _____ **Quarterly Subtotal, Tax Due:**

Date Paid: _____ Number of Months Late: _____
mm/dd/yyyy
If payment is received after the due date, penalties and interest must be calculated and remitted.

Penalty 1: 10% of Tax Due, if received late.

Interest 1: 1% on Tax Due, if received late.

Penalty 2: 25% of Tax Due,
if received on or after the 1st day of the second month late.

Interest 2: 1% on Tax and Penalties Due, if received on or after the 1st
day of the second month late and on the 1st day of every subsequent month.

Subtotal, Penalties & Interest:

Total Tax, Penalties & Interest Due - Pay This Amount:

Make Check Payable to: Mono County Treasurer - Tax Collector
Mail - Submit Form and Payment to: PO Box 495 Bridgeport, CA 93517
In Person - Submit Form and Payment to: 25 Bryant St. Bridgeport, CA 93517

I declare under penalty of perjury that the above is true and correct to the best of my knowledge.

Signature: _____ Date: _____
Printed Name: _____ Contact Phone Number: _____