



County of Mono Cannabis Business Tax Gross Receipts - 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: _____ of Gross Receipts

Gross Receipts: _____

mm/dd/yyyy

Quarterly Subtotal, Tax Due:

Date Paid: _____ Number of Months Late: _____

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: _____