



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) Calendar Year: _____ Due Date: _____
1st (Jan - Mar) 2nd (Apr - Jun) 3rd (Jul - Sep) 4th (Oct - Dec)

**Quarterly Report 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.: _____ Growing Days: _____ Days in Qtr: _____
Check box if you have approval for a lower taxable sq. ft. than the permitted sq. ft. Quarterly Tax Due:

Facility Type: _____ Tax Rate: _____ per square foot per year
Gross Sq.Ft.: _____ Taxable Sq.Ft.: _____ Growing Days: _____ Days in Qtr: _____
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Gross Sq.Ft.: _____ Taxable Sq.Ft.: _____ Growing Days: _____ Days in Qtr: _____
Check box if you have approval for a lower taxable sq. ft. than the permitted sq. ft. Quarterly Tax Due:

Total Tax to be Entered on Annual Return

Email to: treasurer@mono.ca.gov
Mail to: PO Box 495 Bridgeport, CA 93517
In Person 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: _____