



BUSINESS ACTIVITY TAX

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Salaries, Wages and other Compensation Paid to Navajos

Check box if AMENDED and enter correct PERIOD ENDED (below) being "amended"

| Γaxpayer Name (Employer) | | | | | Reporting Period (Quarter) | | | | |
|--|---|-------------------------|---------------------------|--|----------------------------|-----------------------------------|--|--|--|
| | Please Enter Whole Dollar Amounts in Columns 2, 3 and 4 | | | | | | | | |
| I. | 1. Employee Name | Navajo Census Number | 2. Salaries or Wages Paid | 3. Other Compensation (e.g. fringe benefits) | | 4. Total of Column 2 and Column 3 | | | |
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| II. Total from any Additional Pages | | | | | | | | | |
| Total Salaries and Wages Paid, Total Column 2 | | | | | | | | | |
| Total Other Compensation (e.g. fringe benefits), Total Column 3 | | | | | | | | | |
| III. Total Salaries, Wages, and Other Compensation, Total Column 4 and enter on Form 401, Line 5 | | | | | | | | | |