



MONTHLY FUEL DISTRIBUTOR TAX RETURN

TIN/SSN : # _____

Check box if AMENDED and enter correct Reporting Period (below) being "amended"

Taxpayer Name	Reporting Period (Month/Year)
Mailing Address <input type="checkbox"/> Check here if mailing address has changed	License Number

(Use Whole Dollars)		Column 1	Column 2	ONTC OFFICE USE ONLY
1. Form 901G - Taxable Gallons (Gasoline)		<input type="text"/>	<input type="text"/>	
2. Form 902G - (NN Government).		<input type="text"/>	<input type="text"/>	
3. Form 901D/R - Taxable Gallons (Diesel, Dyed, Red)		<input type="text"/>	<input type="text"/>	
4. Form 902D/R - (NN Government)		<input type="text"/>	<input type="text"/>	
5. TOTAL TAXABLE GALLONS =		<input type="text"/>	<input type="text"/>	
		Add Lines 1 & 2	Add Lines 3 & 4	
6. Credit - 0.5% of gallons if report is timely filed and paid (Line 5 x 0.005) -		<input type="text"/>	<input type="text"/>	
7. NET TAXABLE GALLONS =		<input type="text"/>	<input type="text"/>	
(Line 5 less Line 6)				
8. Tax (Line 7, Column 1 x \$0.18)		<input type="text"/>	<input type="text"/>	
9. Tax (Line 7, Column 2 x \$0.25)		<input type="text"/>	<input type="text"/>	
10. Tax Paid with Form 145 -		<input type="text"/>	<input type="text"/>	
11. TOTAL TAX DUE (Add Lines 8 & 9, Less Line 10) =		<input type="text"/>		

For payments under \$10,000 make check payable to the order of & mail to: Office of the Navajo Tax Commission Post Office Box 1903 Window Rock, Arizona 86515-1903 Phone: (928) 871-6681 Fax: (928) 871-7608 Website: www.navajotax.org	Payments over \$10,000 must be wire transferred to the following account: The Navajo Nation ACH Routing #: 122105278 Wells Fargo Bank - Window Rock Branch Window Rock, Arizona 86515 Wire Transfer Routing #: 122105278 Tax Depository Account #: 2755351877	<input type="radio"/> Check here if payment is made by wire transfer Amount \$ <input type="text"/>
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I declare that the information contained in this document and any attachments thereto is true and correct to the best of my knowledge and belief pursuant to all Navajo Nation laws and regulations.

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Taxpayer or Duly Authorized Agent Signature	Print or Type Name	Telephone Number	Date