FORM NN-CAR

FUEL CARRIER'S REPORT

TIN / SSN : # _____

Taxpayer Name	**Period (Month)**
Mailing Address	**Telephone Number** ( )
Physical Address	**License Number**

Delivery Date	Distributor	BOL #	Manifest #	Type of Fuel	Net Gallons	Location of Delivery
				Total This Page :		
Page _____ of _____				**Total From NNCAR-A :**		
Note: Attach Additional Pages If Necessary				**Grand Total :**		

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.

x _____	_____	( ) _____	/ /
Taxpayer or Duly Authorized Agent Signature	Print or Type Name	Telephone Number	Date