



REFUND REQUEST FORM

License Number (if applicable):

Company Name: _____

Mailing Address: _____

Date(s) of Purchase: _____

(Attach additional pages if necessary)

Location of Purchase: _____

(Attach additional pages if necessary)

No. of Gallons: _____

Name of Distributor(s): _____

Tax Paid [Attach Receipt(s)]: _____

Basis for Refund Claim: _____

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

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Taxpayer or Duly Authorized Agent Signature

Print or Type Name

Telephone Number

Date

FOR ONTC OFFICE USE ONLY

Date Received: _____

Approved:



Denied:



If Approved, Date Refund Processed: _____

If Denied, Date Letter of Denial Issued: _____

Processed By: _____
Tax Compliance Officer Date

Approved By: _____
Tax Compliance Manager Date