



FORM 245-B

**ANNUAL REPORT FOR BUSINESS ENTERPRISE
FOR
POSSESSORY INTEREST TAX
TAX YEAR 2023**

**FORM DUE
May 15, 2024**

**DATA YEAR ENDING
December 31, 2023**

<u>COMPANY/BUSINESS NAME & ADDRESS</u>

COMPLETE & MAIL TO:

**OFFICE OF THE NAVAJO TAX COMMISSION
POST OFFICE BOX 1903
WINDOW ROCK, ARIZONA 86515**

FOR INQUIRIES, PLEASE CALL:

(928) 871-6681

www.tax.navajo-nsn.gov

BUSINESS ENTERPRISE

FOR THE YEAR ENDED DECEMBER 31, 2023

COMPANY/BUSINESS NAME : _____

COMPANY CONFIDENTIAL DATA

Name of Property: _____	Lease or Contract No. : _____
Name of Operator/Lessee : _____	Operator/Taxpayer Federal TIN/EIN/SS#: _____
Address of Operator/Lessee : _____	E-mail Address: _____
Name of Company Official Responsible For This Report : _____	Telephone Number : () _____

Check all the types of Business/Operation Conducted on your lease:

Bank		Medical Office		General Retail		Tour company	
Gas station		Mini-Storage		Auto repair		Towing service	
General office		Mobile Home Parks		Beauty salon		Video store	
Grocery		Recreational Veh. Parks		carwash/detail			
Hotel/Motel/B&B		Restaurant		coin op laundry			
Industrial Prop.		Construction Co.		OTHER: _____			
Manufacturing		Waste Management		_____			

Date Business Started: _____	<u>Hotel & Motels only</u>
Number of Years Remaining on Lease: _____	ADR: _____
Lease Renewal Options: _____	Number of rooms: _____
Name & Address of Lessor of original/base lease: _____ _____	Average room rates per month (\$): _____
	Occupancy Rate: _____

LAND/LEASE & BUILDINGS INFORMATION

TOTAL NUMBER OF <u>ACRES</u> UNDER LEASE: _____	BUILDINGS INFORMATION
LOCATION INFORMATION: Map of lease is acceptable.	Main Building(s) used for business:
STATE _____	Bldg #1: Total Sq. Ft.: _____
COUNTY _____	Bldg #2: Total Sq. Ft.: _____
AGENCY _____	Bldg #3: Total Sq. Ft.: _____
CHAPTER _____	<i>(If you need addition space, attach pages to this form)</i>

If you need assistance in completing this report, call the Office of the Navajo Tax Commission at (928) 871-6681. A Form 200 needs to be submitted with this form.
All our forms can be downloaded from our website www.tax.navajo-nsn.gov.

**CASH FLOW OR PROFIT STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2023**

COMPANY/BUSINESS NAME : _____

YEARS REMAINING LIFE : _____

Annual Historical Profit Record							Future Projections		
DEC. ENDING	2018	2019	2020	2021	2022	2023	Year 1 (2024)	Year 2 (2025)	Year 3 +
REVENUE IN \$ - ROUND TO THE NEAREST DOLLAR									
TOTAL REVENUE IN \$									
OPERATING COST IN \$ - ROUND TO THE NEAREST DOLLAR									
TAX YEAR 2023									
OPERATING COST - \$									
NET OPERATING INCOME (NOI) <i>(Revenue Less Operating Costs)</i>									
#									
\$ (Federal)									
INCOME TAXES \$ (State)									
AFTER TAX INCOME <i>(Net Operating Income "NOI" Less all Income Taxes)</i>									
CAPITAL COSTS \$									
CASH FLOW OR PROFIT <i>(After Tax Income Less Capital Costs)</i>									

COMPARABLE SALES DATA

*If your business has sold within the last five years provide the Sales Data, Buyer, Seller, Property Description and Terms of the Sale and Attach to This Form.

SCHEDULE OF DEPRECIABLE ASSETS

ORIGINAL COST DATA

SMALL SCALE = Grease Hoist, Tire Changers, Vacuum Cleaners, Floor Polishers, Audio Visuals, Ovens, Refrigerators, Washers, Dryers, Etc.

LARGE SCALE = Fork Lifts, Front End Loaders, Backhoes

REVISED 03/13/2024

Company/Business Name: _____

FOR THE YEAR ENDED DECEMBER 31, 2023

Leased / Owned Equipment and Buildings

Year	Small Scale	Large Scale	Computer Equipment	Office Equipment	Environmental	Buildings & Structures	Total Original Cost
2023						REVISED 03/13/2024	
2022							
2021							
2020							
2019							
2018							
2017							
2016							
2015							
2014							
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1998							
1997							
1996							
1995							
pre 1994							

TOTAL

BUSINESS ENTERPRISE
FOR THE YEAR ENDED DECEMBER 31, 2023

COMPANY/BUSINESS NAME : _____

COMPARABLE SALES DATA:

If your business has sold within the last five years provide the Sales Data, Buyer, Seller, Property Description and Terms of the Sale and Attach to This Form.

TAX YEAR 2023

ADDITIONAL INFORMATION

A FORM 200 MUST BE ATTACHED TO THIS FORM.

VERIFICATION

Under the penalties of perjury, I do solemnly swear or affirm that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge, information and belief, it is true, correct, and complete.

Dated this _____ day of _____, 2024.
(day) (month)

X _____
Taxpayer or Duly Authorized Agent Signature

Print or Type Name

() _____
Telephone Number

Title

Company Name

Email address