



# FORM 245-B

**ANNUAL REPORT FOR BUSINESS ENTERPRISE  
FOR  
POSSESSORY INTEREST TAX  
TAX YEAR 2018**

**FORM DUE  
May 15, 2018**

**DATA YEAR ENDING  
December 31, 2017**

<p><b><u>COMPANY/BUSINESS NAME &amp; ADDRESS</u></b></p> <hr/> <hr/> <hr/> <hr/>
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**COMPLETE & MAIL TO:**

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

**FOR INQUIRIES, PLEASE CALL:**

**(928) 871-7513**

[www.tax.navajo-nsn.gov](http://www.tax.navajo-nsn.gov)

**BUSINESS ENTERPRISE**

FOR THE YEAR ENDED DECEMBER 31, 2017

COMPANY/BUSINESS NAME : \_\_\_\_\_

**COMPANY CONFIDENTIAL DATA**

Name of Property: _____	Lease or Contract No. : _____
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Name of Operator/Lessee : _____	Operator/Taxpayer Federal TIN/EIN/SS#: _____
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Address of Operator/Lessee : _____	E-mail Address: _____
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Name of Company Official Responsible For This Report : _____	Telephone Number : _____ (      ) _____
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Check all the types of Business/Operation Conducted on your lease:

Bank	<input type="checkbox"/>
Gas station	<input type="checkbox"/>
General office	<input type="checkbox"/>
Grocery	<input type="checkbox"/>
Hotel/Motel	<input type="checkbox"/>
Industrial Prop.	<input type="checkbox"/>
Manufacturing	<input type="checkbox"/>

Medical Office	<input type="checkbox"/>
Mini-Storage	<input type="checkbox"/>
Mobile Home Parks	<input type="checkbox"/>
Recreational Veh. Parks	<input type="checkbox"/>
Restaurant	<input type="checkbox"/>
Waste Management	<input type="checkbox"/>
	<input type="checkbox"/>

**General Retail**

Auto repair	<input type="checkbox"/>
Beauty salon	<input type="checkbox"/>
carwash/detail	<input type="checkbox"/>
coin op laundry	<input type="checkbox"/>

Fast Food	<input type="checkbox"/>
Towing service	<input type="checkbox"/>
Video store	<input type="checkbox"/>
Tour company	<input type="checkbox"/>

OTHER: \_\_\_\_\_

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

TOTAL NUMBER OF ACRES UNDER LEASE: \_\_\_\_\_

**BUILDINGS INFORMATION**

LOCATION INFORMATION: Map of lease is acceptable.

Main Building(s) used for business:

STATE \_\_\_\_\_

COUNTY \_\_\_\_\_

AGENCY \_\_\_\_\_

CHAPTER \_\_\_\_\_

Bldg #1: Total Sq. Ft.: \_\_\_\_\_

Bldg #2: Total Sq. Ft.: \_\_\_\_\_

Bldg #3: Total Sq. Ft.: \_\_\_\_\_

*(If you need addition space, attach pages to this form)*

If you need assistance in completing this report, call the Office of the Navajo Tax Commission  
 at (928) 871-7513. A Form 200 needs to be submitted with this form.  
 All our forms can be downloaded from our website [www.tax.navajo-nsn.gov](http://www.tax.navajo-nsn.gov).

**CASH FLOW OR PROFIT STATEMENT  
FOR THE YEAR ENDED DECEMBER 31, 2017**

**COMPANY NAME/BUSINESS :** \_\_\_\_\_ **YEARS REMAINING LIFE :** \_\_\_\_\_

Annual Historical Profit Record							Future Projections		
DEC. ENDING	2012	2013	2014	2015	2016	2017	Year 1 (2018)	Year 2 (2019)	Year 3 +
<b>REVENUE IN \$ - ROUND TO THE NEAREST DOLLAR</b>									
TOTAL REVENUE IN \$									
<b>PRODUCTION COST IN \$ - ROUND TO THE NEAREST DOLLAR</b> Taxes and Lease Payments to the Navajo Nation are allowable Operating Costs. <b>Non-Cash Costs such as Depreciations &amp; Interest are not allowable.</b>									
OPERATING COST - \$									
<b>PROFIT IN \$ - ROUND TO THE NEAREST DOLLAR</b>									
NET OPERATING INCOME (NOI) <i>(Revenue Less Operating Costs)</i>									
INCOME TAXES \$ (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**

Company : \_\_\_\_\_ County of : \_\_\_\_\_ State of : \_\_\_\_\_

<u>Leased / Owned Equipment and Buildings</u>							
Year	Small Scale	Large Scale	Computer Equipment	Office Equipment	Environmental	Buildings & Structures	Total Original Cost
2017							
2016							
2015							
2014							
2013							
2012							
2011							
2010							
2009							
2008							
2007							
2006							
2005							
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1999							
1998							
1997							
1996							
1995							
1994							
1993							
1992							
1991							
1990							
1989							
1988							
pre 1987							
<b>TOTAL</b>							

**BUSINESS ENTERPRISE  
FOR THE YEAR ENDED DECEMBER 31, 2017**

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL INFORMATION**

\*List any additional information which you believe should be considered in determining the value of this business.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 \_\_\_\_\_, 2018.  
(day) (month)

X \_\_\_\_\_  
Taxpayer or Duly Authorized Agent Signature

\_\_\_\_\_  
Print or Type Name

( ) \_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Email address