



FORM 245-B

ANNUAL REPORT FOR BUSINESS ENTERPRISE FOR POSSESSORY INTEREST TAX **TAX YEAR 2019**

FORM DUE
May 15, 2019

DATA YEAR ENDING
December 31, 2018

COMPANY/BUSINESS NAME & ADDRESS

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

BUSINESS ENTERPRISE

FOR THE YEAR ENDED DECEMBER 31, 2018

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	<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: _____ _____	<p style="text-align:center"><u><i>Hotel & Motels only</i></u></p> ADR: _____ Number of rooms: _____ 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. STATE _____ COUNTY _____ AGENCY _____ CHAPTER _____	Main Building(s) used for business: Bldg #1: Total Sq. Ft.: _____ Bldg #2: Total Sq. Ft.: _____ Bldg #3: Total Sq. Ft.: _____ <p style="text-align:center"><i>(If you need addition space, attach pages to this form)</i></p>

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.

**CASH FLOW OR PROFIT STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2018**

COMPANY/BUSINESS NAME : _____ YEARS REMAINING LIFE : _____

Annual Historical Profit Record

Future Projections

DEC. ENDING	2013	2014	2015	2016	2017	2018	Year 1 (2019)	Year 2 (2020)	Year 3 +
-------------	------	------	------	------	------	------	---------------	---------------	----------

REVENUE IN \$ - ROUND TO THE NEAREST DOLLAR

TOTAL REVENUE IN \$									
---------------------	--	--	--	--	--	--	--	--	--

OPERATING COST IN \$ - ROUND TO THE NEAREST DOLLAR

Taxes and Lease Payments to the Navajo Nation are allowable Operating Costs. **Non-Cash Costs such as Depreciations, Amortizations & Interest are not allowable.**

OPERATING COST - \$									
---------------------	--	--	--	--	--	--	--	--	--

PROFIT IN \$ - ROUND TO THE NEAREST DOLLAR

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/Business Name: _____

FOR THE YEAR ENDED DECEMBER 31, 2018

Leased / Owned Equipment and Buildings

Year	Small Scale	Large Scale	Computer Equipment	Office Equipment	Environmental	Buildings & Structures	Total Original Cost
2018							
2017							
2016							
2015							
2014							
2013							
2012							
2011							
2010							
2009							
2008							
2007							
2006							
2005							
2004							
2003							
2002							
2001							
2000							
1999							
1998							
1997							
1996							
1995							
1994							
1993							
1992							
1991							
1990							
1989							
pre 1988							
							TOTAL

**BUSINESS ENTERPRISE
FOR THE YEAR ENDED DECEMBER 31, 2018**

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 _____, 2019.
(day) (month)

X _____
Taxpayer or Duly Authorized Agent Signature

Print or Type Name

() _____
Telephone Number

Title

Company Name

Email address