FORM 600



SALES TAX RETURN EIN/SSN : _____

Check box if AMENDED REPORTING PERIOD :

SINESS NAME:				MAILING ADDRES	MAILING ADDRESS: Check here if mailing address has characterized		
			Chpt.	Column 1	Column 2	Column 3	
e	Business Description	Class	Code	Gross Receipts	Tax Rate	Tax Amount	
					6%		
					6%		
					6%		
					6%		
					6%		
					6%		
					6%		
,	Total from Form 601 (Continu	ation Sheet)			6%		
,	Total from Form 607	С			6%		
•	Total from Form 607	С			5%		
1	Subtotal (Add Lines 1 thru 10).		\$		\$		
	Credit for tax already withheld			Check here	if payment		
	ONTC OFFICE USE ONLY				UNTING USE ONI		
	I declare that the informatio the best of my kno xpayer or Duly Authorized Agent Si	wledge and	d belief p	ursuant to all Navajo N	ation laws and re		
	Print or Type 1	Name				Date	