



SALES TAX RETURN

EIN/SSN : _____

Check box if **AMENDED**

REPORTING PERIOD : _____

Check box if **FINAL RETURN**

BUSINESS NAME:	MAILING ADDRESS: <small>Check here if mailing address has changed</small>
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Line	Business Description	Bus. Class	Chpt Code	Column 1	Column 2	Column 3
				Gross Receipts	Tax Rate	Tax Amount
1.					6%	
2.					6%	
3.					6%	
4.					6%	
5.					6%	
6.					6%	
7.					6%	
8.	Total from Form 601 (<i>Continuation Sheet</i>)				6%	
9.	Total from Form 607	C			6%	
10.	Total from Form 607	C			5%	
11.	Subtotal (Add Lines 1 thru 10)			\$		\$
12.	Tax paid with extension request [Form 145 must have been timely filed]			-		()
13.	Balance Due (Line 11 minus Line 12)			=		
14.	Credit for tax already withheld [Include photocopies of check stubs]			-		()
15.	TOTAL TAX DUE (Line 13 minus Line 14)				Check here if payment was wire transferred =	\$

ONTC OFFICE USE ONLY	ONTC ACCOUNTING USE ONLY
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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.

Taxpayer or Duly Authorized Agent Signature (*No digital signatures*)

Telephone Number

Print or Type Name

Date

A signature is required to make this return valid. This return must be filed even if you have no taxes to report.