



TOBACCO PRODUCTS TAX RETURN

TIN/SSN:# _____

Cigarette Retailer's Monthly Return of Cigarette's Purchased for Sale within the Navajo Nation

Please Check Appropriate Box :

Separate Return

Combined Return

Check box if AMENDED and enter correct MONTH/YEAR (below) being "amended"

Name of Distributor	Reporting Period (Month) <small>(Due 15 days after end of month)</small>	OFFICE USE ONLY
Mailing Address		
Business Location Address: (if different from above)		
<input type="checkbox"/> Check here if mailing address has changed.		(Enter Whole Dollars)
1. Total number of cigarettes purchased during the month <small>(from Schedule A)</small>	[]	
2. Total Tax on Cigarettes <small>(total in Line 1 * \$0.05)</small>	[]	
3. Tax Paid with Form 145 <small>(Form 145 must have been timely filed)</small>	- []	
4. Balance of Tax Due <small>(Line 2 minus Line 3)</small>	= []	
5. TOTAL TAX DUE (Line 4)	= []	

For payments *under* \$10,000 make check payable to the order of & mail to:

Office of the Navajo Tax Commission
Post Office Box 1903
Window Rock, Arizona 86515-1903
Phone: (928) 871-6681
Fax: (928) 871-7608
Website: www.navajotax.org

Payments *over* \$10,000 must be wire transferred to the following account:

The Navajo Nation
ACH Routing #: 122105278
Wells Fargo Bank - Window Rock Branch
Window Rock, Arizona 86515
Wire Transfer Routing #: 122105278
Tax Depository Account #: 2755351877

Check here if payment is made by wire transfer

Amount
\$ []

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.

X _____ () / /
Taxpayer or Duly Authorized Agent Signature Print or Type Name Telephone Number Date