



ALCOHOL TAX RETURN

TIN/SSN : _____

Check box if AMENDED

Check box if LAST RETURN

**Reporting
Period**

1st

2nd

3rd

4th

20 _____

Business Name	Mailing Address <i>Check here if mailing address has changed</i>
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Line	Business Description	Column 1	Column 2	Column 3
		Gross Receipts	Tax Rate	Tax Amount
1.			3.25%	
2.			3.25%	
3.			3.25%	
4.			3.25%	
5.			3.25%	
6.			3.25%	
7.	Subtotal (Add Lines 1 thru 6)	\$		\$
8.	Tax paid with extension request [Form 145 must have been timely filed]	-		()
9.	Balance Due (Line 7 minus Line 8)	=		
10.	Credit for tax already paid	-		()
11.	TOTAL TAX DUE (Line 9 minus Line 10)		Check here if payment was wire transferred =	\$

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

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.

ONTC ACCOUNTING USE ONLY

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