



MONTHLY FUEL DISTRIBUTOR TAX RETURN

TIN/SSN : # _____

Check box if AMENDED and enter correct Reporting Period (below) being "amended"

Taxpayer Name	Reporting Period (Month)	ONTC OFFICE USE ONLY
Mailing Address	License Number	

Check here if mailing address has changed. (Use Whole Dollars)

1. Form 901 - Taxable Gallons (e.g. Gasoline, Diesel, Dyed Diesel)		
2. Form 902 (NN Government).		
3. TOTAL TAXABLE GALLONS (Line 1 and Line 2) =		
4. Credit - 0.5% of gallons if report is timely filed and paid (Line 3 x 0.005) -		
5. NET TAXABLE GALLONS (Line 3 less Line 4) =		
6. Tax (Line 5 x \$0.18)		
7. Tax Paid with Extension Request (Form 145 must have been timely filed) -		
8. Tax Due (Line 6 less Line 7). =		
9. Interest(s) - if applicable. [Calculate interest owed and enter amount-attach calculations] +		
10. Penalty(s) - if applicable. [Calculate penalties owed and enter amount - attach calculations] +		
11. TOTAL TAX DUE (Add Lines 8, 9 & 10) =		

For payments <i>under</i> \$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	Payments <i>over</i> \$10,000 must be wire transferred to the following account: The Navajo Nation Account Number: 4000901560 Wells Fargo Bank - Window Rock Branch Window Rock, Arizona 86515 Bank Routing Number: 091000019	<input type="radio"/> Check here if payment is made by wire transfer <div style="border: 1px solid black; padding: 5px; text-align: center;"> Amount \$ </div>
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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	Print or Type Name	() / /	Telephone Number Date
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