



MONTHLY FUEL RETAILER TAX RETURN

NOTE: THIS REPORT SHOULD ONLY REFLECT NET GALLONS PURCHASED ON WHICH THE FUEL EXCISE TAX HAS NOT BEEN CHARGED

TIN/SSN : # _____

Check box if AMENDED and enter correct Month ended (below) being "amended"

Taxpayer Name		Reporting Period (Quarter)	ONTC OFFICE USE ONLY
Mailing Address		License Number	
<input type="checkbox"/> Check here if mailing address has changed.			
1. Form 905 (Total purchase on which tax has not been paid)			
2. Tax Due (Line 1 x \$0.18)..... =			
3. Interest(s) - if applicable. [Calculate interest owed and enter amount - attach calculations] ... +			
4. Penalty(s) - if applicable. [Calculate interest owed and enter amount - attach calculations] ... +			
5. TOTAL TAX DUE (Add Lines 2, 3, and 4)..... =			

For payments <i>under</i> \$10,000 make check payable to the order of & mail to:	Payments <i>over</i> \$10,000 must be wire transferred to the following account:	<input type="radio"/> Check here if payment is made by wire transfer
Office of the Navajo Tax Commission Post Box 1903 Window Rock, Arizona 86515-1903 Phone: (928) 871-6681 Fax: (928) 871-7608	The Navajo Nation Account Number: 4000901560 Wells Fargo Bank - Window Rock Branch Window Rock, Arizona 86515 Bank Routing Number: 091000019	
		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
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