



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			
(from Schedule A)			
2. Total Tax on Cigarettes			
(total in Line 1 * \$0.02)			
3. Tax Paid with Form 145			
(Form 145 must have been timely filed)			
4. Balance of Tax Due =			
(Line 2 minus Line 3)			
5. Interest(s) - if applicable. Calculate interest owed and enter amount +			
(attach calculations)			
6. Penalty(s) - if applicable. Calculate penalties owed and enter amount +			
(attach calculations)			
7. TOTAL TAX DUE (Add Lines 4, 5, and 6) =			

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 Amount \$ <input type="text"/>
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	

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