



TOBACCO PRODUCTS TAX RETURN

TIN/SSN:# _____

Distributor's Monthly Return of Cigars & Tobacco Products Received for Sale to Retailers 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"/> <i>Check here if mailing address has changed.</i>		(Enter Whole Dollars)
1. Total Tax Due on Smoking Tobacco, Snuff, etc (from Schedule A)		
2. Total Tax Due on Cavendish, etc (from Schedule B)		
3. Total Tax Due on Small Cigars (from Schedule C)		
4. Total Tax Due on all other Cigars (from Schedule D)		
5. Tobacco Products Tax Due =		
(add Lines 1, 2, 3, and 4)		
6. Interest(s) - if applicable. Calculate interest owed and enter amount +		
(attach calculations)		
7. Penalty(s) - if applicable. Calculate penalties owed and enter amount +		
(attach calculations)		
8. TOTAL TAX DUE (Add Lines 5, 6, and 7) =		

<p>For payments <i>under</i> \$10,000 make check payable to the order of & mail to:</p> <p>Office of the Navajo Tax Commission Post Box 1903 Window Rock, Arizona 86515-1903 Phone: (928) 871-6681 Fax: (928) 871-7608</p>	<p>Payments <i>over</i> \$10,000 must be wire transferred to the following account:</p> <p>The Navajo Nation Account Number: 4000901560 Wells Fargo Bank - Window Rock Branch Window Rock, Arizona 86515 Bank Routing Number: 091000019</p>	<p><input type="radio"/> Check here if payment is made by wire transfer</p> <p style="text-align: center;">Amount</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <p style="text-align: center;">\$</p>
--	---	---

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