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ANNUAL REPORT FOR BUSINESS ENTERPRISE FOR POSSESSORY INTEREST TAX

TAX YEAR 2024

FORM DUE May 15, 2025

DATA YEAR ENDING December 31, 2024

COMPANY/BUSINESS NAME & ADDRESS

COMPLETE & MAIL TO:

OFFICE OF THE NAVAJO TAX COMMISSION POST OFFICE BOX 1903 WINDOW ROCK, ARIZONA 86515

FOR INQUIRIES, PLEASE CALL:

(928) 871-6681

www.tax.navajo-nsn.gov

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BUSINESS ENTERPRISE FOR THE YEAR ENDED DECEMBER 31, 2024 COMPANY/BUSINESS NAME: **COMPANY CONFIDENTIAL DATA** Name of Property: Lease or Contract No.: Operator/Taxpayer Federal TIN/EIN/SS#: Name of Operator/Lessee: Address of Operator/Lessee: E-mail Address: **Telephone Number:** Name of Company Official Responsible For This Report: Check all the types of Business/Operation Conducted on your lease: Medical Office Bank General Retail Gas station Mini-Storage Auto repair Tour company Mobile Home Parks General office Beauty salon Towing service Recreational Veh. Parks Grocery carwash/detail Video store Hotel/Motel/B&B Restaurant coin op laundry Industrial Prop. Construction Co. Manufacturing Waste Management OTHER: **Hotel & Motels only Date Business Started:** Number of Years Remaining on Lease: Number of rooms: **Lease Renewal Options:** Name & Address of Lessor of original/base lease: Average room rates per month (\$): Occupancy Rate: LAND/LEASE & BUILDINGS INFORMATION TOTAL NUMBER OF <u>ACRES</u> UNDER LEASE: **BUILDINGS INFORMATION** LOCATION INFORMATION: Map of lease is acceptable. Main Building(s) used for business: Bldg #1: Total Sq. Ft.: STATE Bldg #2: Total Sq. Ft.: COUNTY Bldg #3: Total Sq. Ft.: AGENCY

If you need assistance in completing this report, call the Office of the Navajo Tax Commission at (928) 871-7513. A Form 200 needs to be submitted with this form.

All our forms can be downloaded from our website www.tax.navajo-nsn.gov.

CHAPTER

(If you need addition space, attach pages to this form)

CASH FLOW OR PROFIT STATEMENT FOR THE YEAR ENDED DECEMBER 31, 2024

COMPANY/BUSI	NESS NAME :						YEARS REM	AINING LIFE:	
		Annual His	storial Profit Rec	ord				Future Projection	18
DEC. ENDING	2019	2020	2021	2022	2023	2024	Year 1 (2025)	Year 2 (2026)	Year 3 +
REVENUE IN \$ - I	ROUND TO T	HE NEAREST	DOLLAR						
TOTAL REVENUE IN \$									
OPERATING COS TAX YEAR 2024	ST IN \$ - ROU	ND TO THE N	EAREST DOLI	LAR					
OPERATING COST - \$									
NET OPERATING INCOME (NOI) (Revenue Less Operating	g Costs)								
# \$ (Federal)									
INCOME TAXES \$ (State)									
AFTER TAX INCOME (Net Operating Income "N Less all Income Taxes)	OI"								
CAPITAL COSTS \$									
CASH FLOW OR PROFIT (After Tax Income Less Ca	epital Costs)								

COMPARABLE SALES DATA

^{*}If your business has sold within the last five years provide the Sales Data, Buyer, Seller, Property Description and Terms of the Sale and Attach to This Form.

SCHEDULE OF DEPRECIABLE ASSETS ORIGINAL COST DATA

SMALL SCALE = Grease Hoist, Tire Changers, Vacuum Cleaners, Floor Polishers, Audio Visuals, Ovens, Refrigerators, Washers, Dryers, Etc.

LARGE SCALE = Fork Lifts, Front End Loarders, Backhoes

Company/Business Name:	FOR THE YEAR ENDED DECEMBER 31, 2024

				ned Equipment and Bu			
Year	Small Scale	Large Scale	Computer Equipment	Office Equipment	Environmental	Buildings & Structures	Total Original Cost
2024							
2023							
2022							
2021							
2020							
2019							
2018							
2017							
2016							
2015							
2014							
2013							
2012							
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2006							
2005							
2004							
2003							
2002							
2001							
2000							
1999							
1998							
1997							
1996							
pre 1995						TOTAL	

BUSINESS ENTERPRISE

FOR THE YEAR ENDED DECEMBER 31, 2024

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OMPANY/BUSINESS NAME :			
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	MPARABLE S.		u p . p . d . lm . c
your business has sold within the last five years the Sale and Attach to This Form.	provide the Sale	s Data, Buyer, S	eller, Property Description and Terms of
e Sale and Attach to This Form.			
ADDI	TIONAL IN	FORMATIO	N
A FORM 200 MUST	RE ATT	ACHEDI	TO THIS FORM
A I UMM 200 M USI			IU IIIIS IUMM.
	VERIFICA	TION	
Under the penalties of perjury, I do sole	mnly swear or a	ıffirm that I ha	ve examined this report, including
accompanying schedules and statements,	and to the best	of my knowled	ge, information and belief, it is true,
	correct, and co		
Dated this	day of		2025
Dated this(day)	uuy 01	(month)	
(day)		(month)	
			()
axpayer or Duly Authorized Agent Signature	Print o	r Type Name	Telephone Number
1 /	11	J1	Priorie Transper
Title	Com	pany Name	Email address