# FORM 1000-D

# NICOTINE & ELECTRONIC SMOKING PRODUCTS TAX

EIN/SSN:#_____

**Please Check Appropriate Box:** ☐ **Separate Return**

☐ **Check box if AMENDED Return**

| **Name of Distributor** | **Reporting Period** (Quarter & Year)<br>* |
|---|---|
| **Mailing Address** | |

1. Total gross receipts for nicotine products sold ..... (Gross receipts)

2. Total gross receipts for Electronic Smoking Products sold ..... (Gross receipts)

4. Balance of Tax Due ..... = (Line 1 plus Line 2)

5. **TOTAL TAX DUE** ..... = $ (Line 4 multiply by 22%)

☐ Check here if payment is made by wire transfer

| **ONTC OFFICE USE ONLY** | |
|---|---|

**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** | **Phone Number** | **Date** |
|---|---|---|---|