

## NICOTINE & ELECTRONIC SMOKING PRODUCTS TAX

Please Check Appropriate Box:

Separate Return

**Check box if AMENDED Return** 

Name of Retailer	Reporting Period (Quarter & Year)	
Mailing Address		
1. Total gross receipts for nicotine products sold (Gross receipts)		
(eress receipts)		
2. Total gross receipts for Electronic Smoking Products sold (Gross receipts)		
(Oross receipts)		
4. Balance of Tax Due (Line 1 plus Line 2)	······ =	
(Ellie 1 plus Ellie 2)		
5. TOTAL TAX DUE	· =   \$	
(Effice Findiciply 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	