FORM 800-R

TOBACCO PRODUCTS TAX RETURN

EIN/SSN:#_____

Cigarette Retailer's Monthly Return of Cigarette's Purchased for Sale within the Navajo Nation

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

☐ **Check box if AMENDED Return**

Name of Distributor	**Reporting Period (Month & Year)** (Due 15 days after end of month) *
Mailing Address	

(Enter Whole Dollars)

1. Total number of cigarettes purchased during the month (from Schedule A) ..... | |

2. Total Tax on Cigarettes (total in Line 1 * $0.125) ..... | |

3. Tax Paid with Form 145 (Form 145 must have been timely filed) ..... – | |

4. Balance of Tax Due (Line 2 minus Line 3) ..... = | |

5. **TOTAL TAX DUE** (Line 4) ..... = | $ |

☐ 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**