



TOBACCO PRODUCTS TAX RETURN

EIN/SSN:# _____

Cigarette Distributor's Monthly Return of Cigarettes Distributed 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)
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Mailing Address

(Enter Whole Dollars)	
1. Total number of cigarettes distributed 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	
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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