FORM 801-D

TOBACCO PRODUCTS TAX RETURN

EIN/SSN:#_____

Distributor's Monthly Return of Cigars & Tobacco Products 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) *
Mailing Address	

(Enter Whole Dollars)

1. Total Tax Due on Smoking Tobacco, Snuff, etc (from Schedule A) ..... [ ]

2. Total Tax Due on Cavendish (from Schedule B) ..... [ ]

3. Total Tax Due on Small Cigars (from Schedule C) ..... [ ]

4. Total Tax Due on all other Cigars (from Schedule D) ..... = [ ]

5. **TOTAL TAX DUE** (Add Lines 1, 2, 3, and 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**