



BUSINESS ACTIVITY TAX RETURN

TIN/SSN : # _____

Please Check Appropriate Box :

Separate Return

Combined Return

Check box if AMENDED and enter correct Reporting Period (below) being "amended"

Taxpayer Name	Reporting Period (Quarter) <small>[Due 45 days after end of Quarter]</small>	ONTC OFFICE USE ONLY
Mailing Address	Business Activity	

Check here if mailing address has changed.

RELATED BRANCH INFORMATION: Form 404 must be filed if one of a group of related branches.

Gross Receipts

(Enter Whole Dollars)

1. Navajo goods			
2. Navajo services		+	
3. Total gross receipts (Add Line 1 and Line 2)		=	
Deductions			
4. Standard deduction - \$125,000 <input type="checkbox"/> or 10% of Line 3 <input type="checkbox"/>		-	
5. Salaries, wages, & other compensation paid to Navajos, Form 402		-	
6. Purchase of Navajo goods, Form 403 - Part A		-	
7. Purchase of Navajo services, Form 403 - Part B		-	
8. Payments made to the Navajo Nation government, Form 403 - Part C		-	
9. Total Deductions (Add Lines 4 through 8)		=	
10. Navajo source gains (Line 3 less Line 9)		=	
11. Business Activity Tax (Line 10 times 5%)		=	
12. Tax paid with extension request (Form 145 must have been timely filed)		-	
13. Balance of Tax Due (Line 11 less Line 12)		=	
14. Interest(s) - if applicable. Calculate interest owed & enter amount (attach calculations)		+	
15. Penalty(s) - if applicable. Calculate penalties owed and enter amount (attach calculations)		+	
16. TOTAL TAXES DUE		=	

For payments *under* \$10,000 make check payable to the order of & mail to:

Office of the Navajo Tax Commission
Post Box 1903
Window Rock, Arizona 86515-1903
Phone: (928) 871-6681
Fax: (928) 871-7608

Payments *over* \$10,000 must be wire transferred to the following account:

The Navajo Nation
ACH Routing #: 122105278
Wells Fargo Bank - Window Rock Branch
Window Rock, Arizona 86515
Wire Transfer Routing #: 122105278
Tax Depository Account #: 2755351877

payment is made by wire transfer

Amount
\$ _____

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.

X _____	()	/ /	/ /
Taxpayer or Duly Authorized Agent Signature	Print or Type Name	Telephone Number	Date