



HOTEL OCCUPANCY TAX RETURN

Please Check Appropriate Box :

Separate Return

Combined Return

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

Business Name Reporting Period (Quarter) [Due Last Day of Following Quarter]
Taxpayer Name and Mailing Address Taxpayer Identification No.
O TIN
O SSN

Table with 10 rows for tax calculations and an OFFICE USE ONLY column. Includes fields for Total Room Receipts, Exempt Room Receipts, Total Taxable Receipts, Tax, Discount, Tax Paid with Extension Request, Tax Due, Interest, Penalty, and TOTAL TAX DUE.

For payments under \$10,000 make check payable to the order of & mail to: Office of the Navajo Tax Commission
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

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 Telephone Number Date