

SALES TAX RETURN

TIN/SSN: # _____

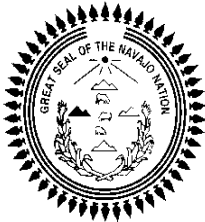
GOVERNMENTAL ENTITIES

Reporting Period _____

Calendar Year 2003

(Due 45 days after end of Quarter)

Check box if this is an AMENDED Return



Taxpayer Name	Mailing Address
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Line	Business Description	Bus Class	Chp	Column 1	Column 2	Column 3
				Gross Receipts	Tax Rate	= Tax Amount
1					0.75%	
2					0.75%	
3					0.75%	
4					0.75%	
5					0.75%	
6					0.75%	
7					0.75%	
8	Subtotal (Lines 1 thru 7)				(=)	
9	Total from Form 601 [Continuation Sheet]				(+)	
10	Tax paid with extension request (Form 145 must be timely filed)				(-)	
11	Balance Due (Lines 8, 9 minus Line 10)				(=)	
12	Interest (Attach Calculations)				(+)	
13	Penalties (Attach Calculations)				(+)	
14	Credit for tax already withheld				(-)	
15	Credit for taxes paid to township or local government subunit				(-)	
16	Total Tax Due (Lines 11, 12, and 13 minus Lines 14 and 15)				(=)	

For payments <u>under</u> \$10,000, make check payable to the order of and mail to: Office of the Navajo Tax Commission Post Office Box 1903 Window Rock, Arizona 86515-1903 (928) 871-6681	Payments <u>over</u> \$10,000, must be wire transferred to the following account: The Navajo Nation Account Number: 4000901560 Wells Fargo Bank - Window Rock Branch Window Rock, Arizona 86515 Bank Routing Number: 091000019	<input type="radio"/> Check here if payment is made by wire transfer <div style="border: 1px solid black; padding: 5px; display: inline-block;"> Amount \$ _____ </div>
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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.

x _____
Taxpayer or Duly Authorized Agent Signature

Date

Print Name

Phone Number

A signature is required to make this return valid. This return must be filed even if you have no taxes to report.