



SALES TAX RETURN

ENTERPRISES

Calendar Year 2004

TIN/SSN: # _____

Reporting Period _____

(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					1.50%	
2					1.50%	
3					1.50%	
4					1.50%	
5					1.50%	
6					1.50%	
7					1.50%	
8	Subtotal (Lines 1 thru 7)				(=)	
9	Total from Form 601 <input type="checkbox"/> 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 under \$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 over \$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

Check here if 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

 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.