



SALES TAX RETURN

TIN/SSN: # _____

GOVERNMENTAL ENTITIES

Reporting Period _____

Calendar Year 2005

(Due 45 days after end of Quarter)

Check box if this is an AMENDED Return

Taxpayer Name	Mailing Address	ONTC USE ONLY
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Line	Business Description	Bus Class	Chp	Column 1	Column 2	Column 3
				Gross Receipts	Tax Rate	= Tax Amount
1					.0225	
2					.0225	
3					.0225	
4					.0225	
5					.0225	
6					.0225	
7					.0225	
8					.0225	
9	Subtotal (Lines 1 thru 8)				(=)	
10	Total from Form 601 [Continuation Sheet]				(+)	
11	Tax paid with extension request (Form 145 must be timely filed)				(-)	
12	Balance Due (Lines 9, 10 minus Line 11)				(=)	
13	Interest (Attach Calculations)				(+)	
14	Penalties (Attach Calculations)				(+)	
15	Credit for tax already withheld				(-)	
16	Total Tax Due (Lines 12, 13 and 14 minus Line 15)				(=)	

Payment Type:

- Check
- Cash
- MO
- Wire

Receipt No.:

No.(s):

Amount(s):

Posted:

Date:

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 Account Number: 4000901560 Wells Fargo Bank - Window Rock Branch Window Rock, Arizona 86515 Bank Routing ACH Number: 122105278 Bank Wire Transfer Number: 121000248

Check here if payment is made by wire transfer

Amount Wired \$

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.