Liquor Retailer's Report

Amended Report ☐

EIN: _____

Licensee Name	Reporting Period (Quarter/Year)
Mailing Address	Telephone Number
Physical Address	License Number and License Type

1) Date	2) Wholesaler	3) Type of Liquor	4) Quantity Received
		Total This Page :	
Page _____ of _____		Total From Attachment(s):	
Note: Attach Additional Pages If Necessary		Grand Total :	

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

Office of the Navajo Tax Commission
P.O. Box 1903, Window Rock, AZ 86515
Ph: (928) 871-6681; Fax: (928) 871-7608