



TO'NANEES'DIZI LOCAL GOVERNMENT

TIN/SSN # _____

Sales Tax Return

Reporting Period

(Due 30 days after end of Quarter)

Calendar Year _____

Check Box is this an Amended Return

Taxpayer Name:			Mailing Address:			OFFICE USE ONLY
Line	Business Description	Bus Class	Column 1	Column 2	Column 3	
			Gross Receipts	Tax Rate	Tax Amount	
1			6%			
2			6%			
3			6%			
4			6%			
5			6%			
6			6%			
7			6%			
8			6%			
9	Subtotal (Lines 1 thru 8)		(=)			
10	Total from TC-FORM 601 or 607 [Continuation Sheet]		(+)			
11	Tax paid with extension request (TC-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 or paid		(-)			
16	Total Tax Due (Lines 12,13 and 14 minus Line 15)		(=)			
For Payments under \$10,000, make check payable to the order of and mail to: To'Nanees'Dizi Local Government - Tax Manger Post Office Box 125 Tuba City, Arizona 86045 (928) 283-3289			Payments over \$10,000, must be wire transferred to the following account TO'NANEES'DIZI LOCAL GOVERNMENT Account Number: _____ Wells Fargo Bank- Tuba City Branch Tuba City, Arizona 86045 Amount \$			
Check Here if Payment is made by wire transfer						
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 Ordinance of the To'Nanees'Dizi Local Government Tax Code and Navajo Nation laws and regulations						
X _____			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						