



TO'NANEES'DIZI LOCAL GOVERNMENT

TIN/SSN # _____

TC - FORM 600

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

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 Ordinance of the To'Nanees'Dizi Local Government Tax Code
and Navajo Nation laws and regulations**

X _____
Taxpayer or Duly Authorized Agent Signature

Print Name

Date

Phone Number

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