



SALES TAX RETURN

ENTERPRISES

Calendar Year 2006

FORM 600

TIN/SSN: # _____

Reporting Period _____

(Due 45 days after end of Quarter)

Check box if this is an AMENDED Return ☐

Taxpayer Name				Mailing Address		
Line	Business Description	Bus Class	Chp	Column 1 Gross Receipts	Column 2 Tax Rate	Column 3 = Tax Amount
1					3%	
2					3%	
3					3%	
4					3%	
5					3%	
6					3%	
7					3%	
8	Subtotal (Lines 1 thru 7)				(=)	
9	Total from Form 601 [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 & 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.