



FORM TR-1 TAX RETURN

Colorado River Indian Tribes
26600 Mohave Road
Parker, Arizona 85344
Ph.: (928) 669-1336
Email: taxinfo@crit-nsn.gov

THIS RETURN IS DUE THE LAST DAY OF THE MONTH FOLLOWING THE REPORTING PERIOD

TRIBAL LICENSE NO. (enter below)

REPORTING PERIOD (enter mo/yr below)

To complete this form see Form TR-1 Tax Return and Schedule A Instructions

I. TAXPAYER INFORMATION

BUSINESS AND/OR OWNER NAME:

DEPARTMENT USE ONLY (do not write in this section)
Date Received:

ADDRESS:

Check No.:

CITY STATE ZIP CODE

Amount Paid:

CHECK IF MAILING ADDRESS HAS CHANGED

II. TRANSACTION DETAIL		COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5
Line	BUSINESS DESCRIPTION	GROSS SALES (round to nearest dollar)	- EXEMPT / EXCLUDED AMOUNT (From Schedule A)	= NET TAXABLE (round to nearest dollar)	X TAX RATE	= TAX DUE (round to nearest dollar)
1	Sales Tax				2.00%	
2	Sales Tax (Amount in excess of \$2,500 on Single Item Sale)				1.00%	
3	Restaurant Privilege Tax				3.00%	
4	Transient Lodging Tax				5.50%	
5	Utility Business Activity Tax				3.00%	
6	Liquor Privilege Tax				6.60%	
7	Tobacco Products Tax	(Please see Information Return Form and Sec. 20-2104(2)(A)-(E))				

8	Add lines 1 - 7 in Column 5. This is your TOTAL TAX DUE . . . ▶	
9	ENTER AMOUNT YOU ARE PAYING WITH THIS RETURN . . . ▶	

CREDITS: If you are due a credit or refund, the Department will calculate that amount for you and will send you a notice of refund due.

PENALTIES AND INTEREST: If your tax return and payment are late or you do not pay the amount of tax due, the Department will calculate penalty and interest for you and will send you a notice of any deficiencies after this return is filed.

TAX RETURN DUE DATE AND FILING: This tax return **MUST BE SIGNED** and **FILED** along with Schedule A (if applicable) at the address above along with payment for taxes due by the due date to be considered timely filed, otherwise, penalties and interest will be applied. If mailed, the return must be postmarked by the due date for the return. If the last day falls on a Saturday, Sunday or legal holiday, the return and payment of tax shall be due at the close of the next business day.

I DECLARE, UNDER PENALTY OF PERJURY, THAT I HAVE EXAMINED THIS RETURN AND THE INFORMATION CONTAINED HEREIN, INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF THEY ARE TRUE, CORRECT AND COMPLETE. DECLARATION OF PREPARER (OTHER THAN TAXPAYER) IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

Please Sign Here ▶

Taxpayer's Signature (Required) Date

Paid Preparer's Signature

Paid Preparer's EIN or SSN

Please make check payable to "CRIT Department of Revenue". NO CASH ACCEPTED .
Please mail or return your completed return and tax payment to:
CRIT DEPARTMENT OF REVENUE AND FINANCE, 26600 Mohave Road, Parker, AZ 85344
Phone: (928) 669-1336
Email: taxinfo@crit-nsn.gov



SCHEDULE A to FORM TR-1

Taxpayer Name or Lic. No.: _____

Reporting Period: _____

Use Schedule A to complete Form TR-1 Section II, Column 2. The total of exemptions/ exclusions on Schedule A must match the amount in Form TR-1 Section II, Column 2.

Sales Tax (S or Ex Codes Only)

Code	Amount

Total Exemptions/ Exclusions
(Enter on Section II, Line 1, Column 2)

Sales Tax Exceeding \$2500 Single Item (S or Ex Codes Only)

Code	Amount

Total Exemptions/ Exclusions
(Enter on Section II, Line 2, Column 2)

Restaurant Privilege Tax (R or Ex Codes Only)

Code	Amount

Total Exemptions/ Exclusions
(Enter on Section II, Line 3, Column 2)

Transient Lodging Tax (TL or Ex Codes Only)

Code	Amount

Total Exemptions/ Exclusions
(Enter on Section II, Line 4, Column 2)

Utility Business Activity Tax (U or Ex Codes Only)

Code	Amount

Total Exemptions/ Exclusions Amount
(Enter on Section II, Line 5, Column 2)

Liquor Privilege Tax (L or Ex Codes Only)

Code	Amount

Total Exclusions Amount
(Enter on Information Return)

Exemption Codes

Tangible property sold at wholesale to a retailer	S01
Prepared food items for immediate consumption	S02
Legend drugs on prescription	S03
Food items sold by an eligible grocery business	S04
Tangible personal property sold by 501(c)(3)	S05
Prescription eyeglasses, contacts, frames and eye exams	S06
Prosthetic appliances or devices	S07
Insulin, insulin syringes and glucose test strips	S08
Hearing aids and any parts, except batteries and cords	S09
Food stamp purchases	S10
Food, drink or accessory property sold to a school district	S11
Seeds, roots and bulbs used in commercial production	S12
Machinery and equipment for physically disabled persons	S13
Livestock and poultry feed used in commercial production	S14
Livestock and poultry growth promotants	S15
Agricultural crops or produce sold by grower to broker/retailer	S16
Durable medical equipment	S17
New Farm machinery and equipment	S18
Prepared food items for immediate consumption sold by non-restaurant retailers	R01
Transient lodging units occupied for more than 30 days	TL01
Establishments with fewer than 4 transient lodging units	TL02
Utility sales at wholesale	U01
Liquor sales not occurring at liquor retailer business	L01

Exclusion Codes

Refunds to Consumer	Ex01
Other Tax Collected	Ex02
Repair and Installation Labor	Ex03
Sales not subject to CRIT Tax	Ex04
Shipping Costs	Ex05