



TOBACCO PRODUCTS SALES INFORMATION RETURN

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

TRIBAL LICENSE NO. (enter below)
REPORTING PERIOD (enter mo/yr below)

I. TAXPAYER INFORMATION		
BUSINESS AND/OR OWNER NAME:		
ADDRESS:		
CITY	STATE	ZIP CODE
<input type="checkbox"/> CHECK IF MAILING ADDRESS HAS CHANGED		

II. TOBACCO SALES	COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5
	AMOUNT OF PRODUCT PURCHASED THIS MONTH	AMOUNT OF PRODUCT INVENTORY REMAINING AT END OF THIS MONTH	AMOUNT OF PRODUCT SOLD THIS MONTH	X TAX RATE	= TAX DUE (round to nearest dollar)
1 Cigarette				\$0.05 per cigarette	
2 Smoking Tobacco, Snuff and Chewing Tobacco				\$0.113 per ounce	
3 Cavendish				\$0.028 per ounce	
4 Small Cigars				\$0.223 on each 20	
5 Cigars				\$0.11 per cigar	
		6	Add lines 1 - 5 in Column 5. This is your TOTAL TOBACCO TAX DUE to be entered in Line 7, Column 5 of your Form TR-1 Tax Return. ▶		

INFORMATION RETURN DUE DATE AND FILING: This Information Return **MUST BE SIGNED** and **FILED** along with the Form TR-1 and 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 returns 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