

RETAILER - Monthly Return of Cigarette Taxes Received on Isleta Pueblo Lands

Name of Retailer	Reporting Period (Month and Year)			
Mailing Address				
Business Location Address (if different than above)				
Please file this Return on or before the 15 th day of the month immediately following the Reporting Month in which the Cigarette taxes accrue. Check (\checkmark) if this is an Amended Return				
 Total number of cigarette packs received on Isleta Pueblo Lands during the Reporting Month				
has been paid by the Isleta Distributor) 3. Less Total number of cigarette packs purchased/received from another Isleta Retailer(-) (From Part C on page 4 – Those Cigarette packs upon which have been reported and tax has been paid by the Isleta Retailer)				
4. Total number of taxable cigarettes packs (Subtract Lines 2 and 3 from Line 1)				
TAXPAYER: Payment of taxes is due with this Return. Penalties may be assessed for underpayment or late payment of taxes. Payment of Tax Due – Amount Paid:	OFFICIAL USE ONLY Payment Rec'd by: Date:			
Check No.	Check No.:			
Please Make Check Payable to PUEBLO OF ISLETA TREASURY.	Notes:			
This Return and Payment may be delivered directly to the Tax Administrator c/o Isleta Treasury or mailed to Tax Administrator, P.O. Box 1290, Isleta Pueblo, NM 87022.				
I declare that I have examined this Return and to the best of my knowledge and belief, it is true, correct and complete.	CALCULATING YOUR TAX			
Signature of Taxpayer or Authorized Agent	• The cigarette tax is calculated on a "pack" of cigarettes — which is defined as <u>any</u> package of cigarettes, typically containing twenty cigarettes but could contain more or less cigarettes.			
Printed Name Title (i.e. Owner)	 Calculate your tax by using the number of "packs" of cigarettes. Do not use "cartons" as the taxable unit. 			
Title (i.e. Owner) Date	 Questions? Call the Tax Administrator at (505) 			
Telephone Number	869-1808.			



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Part A: Cigarettes Received from Non-Isleta Distributors:

Date Received	Name of Distributor/Supplier	Invoice No.	Quantity of Cigarettes (Number of Packs)
Part A: Tota	l Number of Cigarette Packs Received from N	 Non-Isleta Distributors	



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Part B: Cigarettes Received from Isleta Distributors:

Date Received	Name of Isleta Distributor/Supplier	Invoice No.	Quantity of Cigarettes (Number of Packs)
Part B: Total Number of Cigarette Packs Received from Isleta Distributors:			



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Name of Retailer Part C: Cigarettes Received from Other Isleta Retailers:			Reporting Period (Month and Year)	
Date Received	Name of Isleta Distributor/Supplier	Invoice No.	Quantity of Cigarettes (Number of Packs)	
art C: Total Nu	mber of Cigarette Packs Received from Ot	her Isleta Retailers	:	
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CONTINUATION SHEET FOR Part:				
Date Received	Name of Distributor/Supplier	Invoice No.	Quantity of Cigarettes (Number of Packs)	
Part: T	Total Number of Cigarette Packs Recei	ved:	1	