



# FORM TR-1 TAX RETURN

Colorado River Indian Tribes  
**Department of Revenue**  
 26600 Mohave Road  
 Parker, AZ 85344  
 Ph.: (928) 575-1532  
 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:

ADDRESS:

CITY STATE ZIP CODE

CHECK IF MAILING ADDRESS HAS CHANGED

*DEPARTMENT USE ONLY (do not write in this section)*  
 Date Received:  
 Check No.:  
 Amount Paid:

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				10.00%	
4	Transient Lodging Tax				10.00%	
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 of 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, 26600 Mohave Road, Parker, AZ 85344**

**Ph.: (928) 575-1532**

**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  
 (Enter on Section II, Line 5, Column 2)

**Liquor Privilege Tax (L or Ex Codes Only)**

Code	Amount

Total Exemptions/ Exclusions  
 (Enter on Section II, Line 6, Column 2)

**Tobacco Products Tax (Ex Codes Only)**

Code	Amount

Total Exclusions Amount  
 (Enter on Information Return)

**Exemption Codes**

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

**Exclusion Codes**

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