

Tribe Enacted Sales Tax Sharing Annual Return

Issued under authority of P.A. 616 of 2002. Filing is voluntary.

Read instructions before completing this form. Please type or print clearly in blue or black ink and file this return by February 28.

Tribal Name			Tribal Address (No., Street, P.O. Box or Rural Route)	
City or Town	State	ZIP Code	Account Number	Return Year

1. Gross Sales and Rentals 1. .00

ALLOWABLE DEDUCTIONS

2. Sales made to the Tribe, Residential Tribal Members, or Tribal Entities	2.	.00	
3. Resale, sublease, or subrent	3.	.00	
4. Industrial processing or agricultural producing	4.	.00	
5. Interstate commerce	5.	.00	
6. Nontaxable services	6.	.00	
7. Sales tax on which tax was paid to Secretary of State	7.	.00	
8. Food for human/home consumption	8.	.00	
9. Michigan motor fuel or diesel fuel tax	9.	.00	
10. Other: Complete table 1 on back and enter total "other" deductions.	10.	.00	
11. Tax included in gross sales (line 1)	11.	.00	
12. Total allowable deductions. Add lines 2 through 11	12.	.00	
13. Taxable balance. Subtract line 12 from line 1	13.	.00	

SUMMARY

14. Complete only if line 13 is less than or equal to \$5,000,000:
Enter line 13 amount \$ _____ x .02 14. .00

15. Complete only if line 13 is greater than \$5,000,000:

a. \$5,000,000 x .02	15a.	\$100,000.00	
b. (Line 13 amount \$ _____ - \$ 5,000,000) x .03	15b.	.00	
c. Enter sum of lines 15a and 15b.	15c.	.00	

16. Total Annual Tax Liability (Line 14 or 15c) 16. .00

17. Total tax sharing payments made for return year 17. .00

REFUND OR TAX DUE

18. Refund. If line 17 is greater than line 16, subtract line 16 from line 17 and enter overpayment 18. .00

19. Tax Due. If line 17 is less than line 16, subtract line 17 from line 16 and enter balance due 19. .00

20. If filing return late, enter applicable interest (See instructions on page 2.) 20. .00

21. Payment Due. Add lines 19 and 20. (Send check for this amount payable to the "State of Michigan.") 21. .00

TRIBAL REPRESENTATIVE DECLARATION

<p><i>I declare, under penalty of perjury, that this return is true and complete to the best of my knowledge.</i></p> <p>I authorize Treasury to discuss my return with my preparer. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><i>I declare, under penalty of perjury, that this return is true and complete to the best of my knowledge.</i></p>
<p>Tribal Representative's Signature</p>	<p>Preparer's Signature, Address and Phone and ID Number</p>
<p>Tribal Representative's Name Printed or Typed Date</p>	
<p>Tribal Representative's Title</p>	

Instructions for Completing Form 4066, Tribe Enacted Sales Tax Sharing Annual Return

GENERAL INFORMATION

“The annual return is for reconciling purposes and is to be filed in addition to the quarterly returns filed during the tax year. **This return should not be used in place of your quarterly returns.** If a tax agreement is implemented part of the way through the year, an annual return is necessary for the active return periods from the date of implementation through the end of the file year.

LINE-BY-LINE INSTRUCTIONS FOR COMPLETING THE ANNUAL RETURN

Lines not listed are explained on the return.

For accurate posting of returns, please complete all account information requested (Account Number, Return Period, Signature, etc.).

Line 1 through 11. Enter the total annual figures on each line of the return.

Line 14. If Taxable Balance (Line 13) exceeds \$5,000,000, proceed to line 15. If Taxable Balance is less than or equal to \$5,000,000, Enter Taxable Balance multiplied by .02. Proceed to Line 16.

Line 15. If Taxable Balance is greater than \$5,000,000, enter

Taxable balance less \$5,000,000 multiplied by .03 on line 15b. Enter the sum of 15a and 15b on 15c.

Line 16. Enter total annual tax liability from Line 14 or Line 15c.

Line 17. Enter total tax sharing payments made and applied to tax for the return year.

Line 20. Returns filed after the due date are subject to interest calculated at the average prime rate, plus 1%.

Line 21. Add lines 19 and 20 for total payment due with return. Make checks payable to the “State of Michigan.” Include your account number on your check.

WHERE TO MAIL YOUR RETURN

MAIL your check and return to:

**Michigan Department of Treasury
PO Box 30427
Lansing, MI 48909**

TABLE 1: Use this table to calculate total “other” deductions allowed under the Tribe Enacted Sales Tax not covered by the Allowable Deductions provided on lines 2 - 12 of this return.

Description	Amount
1. _____	1. \$ _____
2. _____	2. \$ _____
3. _____	3. \$ _____
4. _____	4. \$ _____
5. _____	5. \$ _____
6. _____	6. \$ _____
7. _____	7. \$ _____
8. _____	8. \$ _____
9. Total “Other” Deductions (Add lines 1-8 in Table 1)	9. \$ _____
Enter this amount on Line 10 of the return.	