TRIBAL

	ead instructions before completing this for pal Name	orm. Typle or p	orint clearly in blue or		urn by February 28. treet, P.O. Box, or Rural F	Route)	
					, - ,	,	
City	y or Town	State	ZIP Code	Account Number	Re	turn Year	
1.	Gross Sales and Rentals					1.	
AL	LOWABLE DEDUCTIONS						
2.	Sales made to the Tribe, Resident	Tribal Mem	bers, or Tribal Enti	ities 2.			
3.	Resale, sublease, or subrent			3.			
4.	Industrial processing or agricultura	al producing		4.			
5.	Interstate commerce			5.			
6.	Nontaxable services			6.			
7.	Sales tax on which tax was paid to	Secretary o	of State	7.			
8.	Food for human/home consumption	on		8.			
9.	Michigan motor fuel or diesel fuel	tax		9.			
10.	Other: Complete table 1 on back a	and enter tota	al "other" deductio	ns 10.			
11.	Tax included in gross sales (line 1)		11.			
12.	Total allowable deductions. Add lir	nes 2 througl	h 11			12.	
13.	Taxable balance. Subtract line 12	from line 1				13.	
SU	MMARY						
14.	Complete only if line 13 is less th	nan or equal	to \$8,000,000:				
	Enter line 13 amount \$		x .02			14.	
15.	Complete only if line 13 is greate	er than \$8,00	0,000:				
	a. \$8,000,000 x .02			15a.	\$160,000.00		
	b. Line 13 amount \$		- \$8,000,000) x .0	03 15b.			
	c. Enter sum of lines 15a and 15	b				15c.	
16.	Total Annual Tax Liability (Line 14	or 15c)				16.	
17.	Total tax sharing payments made	for return ye	ar			17.	
RE	FUND OR TAX DUE						
18.	Refund. If Line 17 is greater than	Line 16, sub	tract Line 16 from	Line 17 and enter over	payment	18.	
19.	Tax Due. If Line 17 is less than Li	ne 16, subtra	act Line 17 from Li	ne 16 and enter balance	e due	19.	
20.	If filing return late, enter penalty and/or interest (See instructions on Page 2.)						
21.	Payment Due. Add Lines 19 and	20. (Send che	ck for this amount pay	yable to the "State of Michiga	an")	21.	
	RIBAL REPRESENTATIVE DEC						
kno	eclare, under penalty of perjury, that this retur owledge.			of my knowledge.		·	e to the best
	uthorize Treasury to discuss my return wit bal Representative's Signature	h my preparer.	Yes No	Preparer's Signature, Addre	ess, Phone, and ID Numb	per	
	bal Representative's Name Printed or Typed		Date	_			
			Date				
ı Irib	bal Representative's Title			1			

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.

NOTE: Compute dollar amounts to exact cents; do not round.

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 \$8,000,000, proceed to line 15. If Taxable Balance is less than or equal to \$8,000,000, Enter Taxable Balance multiplied by .02. Proceed to Line 16.

Line 15. If Taxable Balance is greater than \$8,000,000, enter Taxable balance less \$8,000,000 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

NOTE: If you are filing an Amended return, check the AMENDED RETURN box at the top of the page.

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.	