



Tax Administration Division
P.O. Box 194
Laguna, NM 87026
(505) 552-5787
emartinez@pol-nsn.gov

LODGERS TAX RETURN

Instructions on Reverse (Use **Black** or **Blue ink ONLY**)

Section 1. Taxpayer Information:

A. Taxpayer Name:	B. POL Tax ID No.:	C. Taxpayer Address:

Section 2. Filing Information:

D. Reporting Period: One Return per Reporting Period Only Month: _____ Year: _____	E. Return: <input type="checkbox"/> Original <input type="checkbox"/> Amended
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Section 3. Calculation of Lodgers Tax Liability:

F. Property Name:	G. Gross Rent (\$)	H. Exemptions (\$)	I. Taxable Rent (\$) (G - H = I)	J. Tax Rate:	K. Tax Liability (\$) (I x J = K)
				7.0000%	
				7.0000%	
				7.0000%	
				7.0000%	
				7.0000%	
	L.	M.	N.		O.

Section 4. Total Lodgers Tax Due:

Total Tax Liability: Enter amount from Section 3. Box O.	P.
Total Credits/Allowances Issued by the Tax Administration	Q.
Total Lodgers Tax Due: (P - Q = R)	R.

I declare, under penalty of perjury, that all information provided within this return is true, correct, and complete to the best of my knowledge. I acknowledge that failure to report all information required in accordance with P.O.L.C. Section 6-7-1 will result in the assessment of interest and penalties pursuant to P.O.L.C. Section(s) 6-1-24 and 6-1-25. I further acknowledge that any attempts to willfully evade or defeat any tax of the Pueblo of Laguna will result in the assessment of civil penalties in accordance with P.O.L.C. Section 6-1-26 and possible additional civil action taken by the Pueblo.

Section 5. Certification

S. Name (Print):	T. Title:
U. Signature:	V. Date:

Please make checks or money orders out to: Pueblo of Laguna

Mail to:
Pueblo of Laguna
Attn: Tax Administration Division
P.O. Box 194
Laguna, NM 87026

