



DESIGNATION OF INDIVIDUAL

TIN/SSN : _____

Calendar Year 2025

PLEASE PRINT LEGIBLY

REFER TO INSTRUCTIONS TO COMPLETE THIS FORM

Business Name : _____

Nature of Business : _____

1. Designee(s) Information

Name : _____

Title : _____

Mailing Address : _____

City, State, Zip Code : _____

Telephone Number : _____

E-mail Address : _____

2. Navajo Nation Physical Address & Telephone Number (if different from Section 1)

_____ Telephone : _____

3. This form applies to : (check one only)

- ALT HOT SALES
- BAT JFT SEV
- FET LIQ TOB

4. Type of Business : (check one only)

- Corporation Partnership
- Joint Venture Sole Proprietorship
- Other (Specify) _____

5. Accounting Year End : (List Month) _____

6. Accounting Records kept on:

- Cash Accrual

7. Physical Address of where records

are located (Street, City, and State) :

No post office box numbers

I declare that the information contained in this document and any attachments thereto is true and correct to the best of my knowledge and belief pursuant to all Navajo Nation Laws and Regulations.

X _____
Designee or Duly Authorized Agent Signature

Telephone Number

Print or Type Name

Date