FORM 100

DESIGNATION OF INDIVIDUAL
Calendar Year 2026

EIN/SSN : _____

PLEASE PRINT LEGIBLY

REFER TO INSTRUCTIONS TO COMPLETE THIS FORM

Business Name : _____

Nature of Business : _____

1. Designee Information

Name : _____

Title : _____

Mailing Address : _____

City, State, Zip Code : _____

Phone Number : _____

E-mail Address : _____

Additional Designee Information

_____

_____

_____

_____

_____

_____

2. Navajo Nation Physical Address & Phone Number (indicate N/A if not applicable)

_____ Phone : _____

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

☐ ALT ☐ BAT ☐ FET ☐ HOT

☐ JFT ☐ LIQ ☐ SALES ☐ SEV

☐ TOB ☐ E-SMOKE/NIC

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 — Phone Number

_____ _____

Print or Type Name — Date