

**DESIGNATION OF INDIVIDUAL
Calendar Year 2024**

TIN/SSN : _____

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 : _____

Fax 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 Month/Year End: _____**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.**_____
Designee or Duly Authorized Agent Signature_____
Telephone Number_____
Print or Type Name_____
Date