



DESIGNATION OF INDIVIDUAL
Calendar Year 2022

TIN/SSN : _____

PLEASE PRINT LEGIBLY.

Please 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 Mailing 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. Month End of Accounting Year: _____

6. Accounting Records kept on:

- Cash Accrual

7. Physical Address of where records are located (Street, City, and State) : _____

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 (No digital signature allowed)

Telephone Number

Print or Type Name

Date