

**DESIGNATION OF INDIVIDUAL
Calendar Year 2023**

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. Accounting Month 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.**X

Designee or Duly Authorized Agent Signature_____
Telephone Number_____
Print or Type Name_____
Date