



DESIGNATION OF INDIVIDUAL
Calendar Year 2018

TIN/SSN :

PLEASE PRINT LEGIBLY.

Please refer to instructions when completing this form.

Business Name :
Nature of Business :

1. Designee(s) Information

Name :
Title :
Mailing Address :
City, State, Zip :
Telephone Number :
Fax Number :
E-mail Address :

2. Business Office (if different from Section 1)

Address :
Telephone :

3. Navajo Nation Address (if different from Sections 1 & 2)

Address :
Telephone :

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

ALC HOT SALES
BAT JFT SEV
FET LIQ TOB

5. Type of Business : (check one only)

Corporation Partnership
Joint Venture Sole Proprietorship
Other (Specify)

6. Month End of Accounting Year:

Physical Address of where records
are located (Street, City, and State) :
No post office box numbers

7. Accounting Records kept on:

Cash Accrual

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
Taxpayer or Duly Authorized Agent Signature

Telephone Number

Print or Type Name

Date