



DESIGNATION OF INDIVIDUAL EIN/TIN/SSN : _____
Calendar Year 2019

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 : _____
Telephone Number : _____
Fax Number : _____
E-mail Address : _____

2. Navajo Nation Address (if different from Section 1)
Address: _____ Telephone : _____

3. This form applies to : (check one only) 4. Type of Business : (check one only)
ALT HOT SALES Corporation Partnership
BAT JFT SEV Joint Venture Sole Proprietorship
FET LIQ TOB Other (Specify) _____

5. Month End of Accounting Year: _____ 6. Accounting Records kept on:
Cash Accrual
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 _____
Taxpayer or Duly Authorized Agent Signature Telephone Number

Print or Type Name Date