



PRAIRIE BAND POTAWATOMI NATION
PER CAPITA OFFICE
16281 Q Road Mayetta, KS 66509
(866) 277-3722 Toll Free
(785) 966-3993 Phone
(785) 966-3917 Fax

OPTIONAL

VOLUNTARY TAX WITHHOLDING FORM

Must be received at least 14 days before Per Capita Distribution Date

Date: _____

Roll #: _____

Name Printed: _____

Social Security Number: _____

Percentage of Withholding: (Please mark only one box.)

10% 15% 25% 28% **ZERO**

By signing below and returning this form to the Per Capita Office, I acknowledge that I understand and agree to the following:

1. My Per Capita payments will be reduced by the percentage I have checked above.
2. The Per Capita Office will withhold the chosen percentage from each payment.
3. The Per Capita Office will be responsible for paying to the Internal Revenue Service the withheld amount for Federal taxes.
4. The amount withheld and paid will be reported to the Internal Revenue Service in box 4 (Federal Income Tax Withheld) of my 1099misc tax form each year.
5. I will only be allowed to change the percentage withheld once per year.
6. I will write to the Per Capita Office with the requested change.
7. I have the right to request in writing that the withholding cease at any time.
8. The Per Capita Office does not offer tax advice and recommends consulting a professional tax adviser for help with filing taxes.

Signature: _____