



**PRAIRIE BAND POTAWATOMI NATION**  
**PER CAPITA OFFICE**  
**16281 Q RD**  
**MAYETTA, KS 66509**  
**(866) 277-3722 TOLL FREE**  
**(785) 966-3917 FAX**

**OPTIONAL**

**VOLUNTARY TAX WITHHOLDING FORM**

**Date:** \_\_\_\_\_

**Roll #:** \_\_\_\_\_

**Name Printed:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

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

10%

15%

25%

28%

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 will not withhold taxes from payments levied by the Internal Revenue Service or garnished by Tribal Court.
9. The Per Capita Office does not offer tax advice and recommends consulting a professional tax adviser for help with filing taxes.

**Signature:** \_\_\_\_\_

OFFICE USE ONLY:

RN: \_\_\_\_\_ EN: \_\_\_\_\_ T

EDOW: \_\_\_\_\_ DD: \_\_\_\_\_ N

AP: \_\_\_\_\_ DN: \_\_\_\_\_

