



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

OPTIONAL

WITHDRAWAL FROM TAX WITHHOLDING FORM

Date: _____

Roll #: _____

Name Printed: _____

Social Security Number: _____

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

10% **15%** **25%** **28%** **Not Sure**

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

1. My Per Capita payments will no longer have taxes withheld.
2. The Per Capita Office will cease withholding the chosen percentage from each payment.
3. The Per Capita Office will only be responsible for paying to the Internal Revenue Service the amount withheld for Federal taxes prior to the date this form is submitted.
4. 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: _____ END: _____ N
AP: _____ DN: _____ DD: _____

