



## PRAIRIE BAND POTAWATOMI NATION PER CAPITA OFFICE

16281 Q Road Mayetta, KS 66509  
(785) 966-3993 Phone  
(785) 966-3917 Fax

Dear Tribal Member,

### CONGRATULATIONS YOU'RE 18!!!!!!

Enclosed you will find the Adult Per Capita Verification Form, Per Capita Payment Option Form, IRS W-9 Form, and Federal Income Tax Withholding Form. **All forms need to be completed by you and returned to the Per Capita office at the above address in order to receive future Per Capita payments.** Your Per Capita payments will be issued directly to you rather than be placed into your trust fund from now on.

The Adult Per Capita Verification Form needs to be filled out in full. **(This form is 2 pages long).** The second page has a section for any Power of Attorney or other legally appointed conservator you may have. Mark the box "Self" for this section if you do not have a Power of Attorney or conservator. Please read each section of the form for further instructions. **A Public Notary who has witnessed your signature must sign this form or it will be returned to you for completion.**

The Per Capita Payment Option Form must be filled out and returned to our office so we will know how to process your Per Capita payments. The IRS W-9 Form is required by our auditors for the issuance of your 1099-Misc tax paper at the end of every year. **We also need a copy of your Social Security card.** The Federal Income Tax Withholding Form is optional, if you do not wish to have taxes withheld you do not need to return this form.

Please note that it is important to report any name change you may have in the future by providing a copy of your Social Security card reflecting that change, along with the legal documentation of your name change. For example, if you get married and take the last name of your spouse, you would need to send us a copy of your marriage certificate and a copy of your Social Security card with your married name on it.

Please feel free to contact me if you have any questions. Office hours are Monday through Friday, 8:00 a.m. to 4:30 p.m. CST. You are welcome to e-mail me at [vanessaj@pbnation.org](mailto:vanessaj@pbnation.org). Please send all correspondence to the above address. Thank you in advance for your cooperation.

Sincerely,

Vanessa Joslin  
Per Capita Office



PRAIRIE BAND POTAWATOMI NATION GOVERNMENT CENTER

PER CAPITA OFFICE ~ 16281 Q RD ~ MAYETTA, KS 66509

Phone (785) 966-3993

**ADULT PER CAPITA VERIFICATION FORM – PAGE 1**

**Note: This form must be notarized and returned to the  
Per Capita Office before payments can be issued.**

Today's Date: \_\_\_\_\_ Tribal Enrollment Number: \_\_\_\_\_

**PLEASE NOTE: The Tribal Member's name must match what is on his or her Social Security card.**

Name: \_\_\_\_\_  
First Middle  
Last Suffix (Jr., Sr., III, etc.)

Other Names Used: \_\_\_\_\_ Gender: ☐ Male ☐ Female

Mailing Address:

Address Line 1

Address Line 2 ( Apt / Lot / Suite, etc. )

City State Zip Code

Date of Birth (MM/DD/YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Home Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Work Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Cell Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Other Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

E-mail Address: \_\_\_\_\_

## ADULT PER CAPITA VERIFICATION FORM – PAGE 2

**PLEASE NOTE:** *Power of Attorney, Conservator, Guardian, or other person who has been officially appointed by court order must also send to the Per Capita Office with this Verification Form a copy of the letters of appointment or order of appointment. Information will not be accepted from anyone or released to anyone but the member unless the requested copy is on file. A letter from the tribal member giving permission for another person to access and change his or her information is acceptable if the tribal member's signature is notarized.*

Your Relationship to the Person on the Front of this Form is: (check one)

- ☐ Self      ☐ Conservator/Guardian who is a member      ☐ Power of Attorney who is a member  
☐ Other\*      ☐ Conservator/Guardian who is not a member      ☐ Power of Attorney who is not a member

\* Explain Other: \_\_\_\_\_

Facts regarding the Power Of Attorney/Conservator/Guardian/Other if one has been appointed:

POA/Conservator/Guardian's Name: \_\_\_\_\_

Relationship to Member: \_\_\_\_\_

Address: \_\_\_\_\_

Prairie Band Potawatomi Roll #: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Phone #: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

**Must Be Notarized - Do not sign until you are before a Public Notary.**

Your Printed Name: \_\_\_\_\_  
(Please Write Legibly)

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In the State of \_\_\_\_\_, in the County of \_\_\_\_\_  
on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the above person  
or persons personally appeared and signed the foregoing instrument before me.

Notary Public Printed Name: \_\_\_\_\_

Notary Public Signature: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Notary Public Stamp



*\* Attach Copy of Social Security Card \**

Form **W-9**  
(Rev. December 2014)  
Department of the Treasury  
Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

Print or type See Specific Instructions on page 2.	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	<b>2</b> Business name/disregarded entity name, if different from above XX	
	<b>3</b> Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶	
	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ (Applies to accounts maintained outside the U.S.)	
	<b>5</b> Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code	Prairie Band Potawatomi Nation-Per Capita 16281 Q Road Mayetta, KS 66509
	<b>7</b> List account number(s) here (optional) Tribal Enrollment # 2862U	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>										
			-				-			
or										
<b>Employer identification number</b>										
X	X		-	X	X	X	X	X	X	X

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign  
Here

Signature of  
U.S. person ▶

Date ▶

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



**PRAIRIE BAND POTAWATOMI NATION  
PER CAPITA OFFICE**

16281 Q Road Mayetta, KS 66509  
Phone (785) 966-3993  
Fax (785) 966-3917

**PER CAPITA PAYMENT OPTION FORM**

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

NAME: \_\_\_\_\_ ROLL # \_\_\_\_\_  
SOCIAL SECURITY # \_\_\_\_\_ DOB: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
CITY / STATE / ZIP: \_\_\_\_\_  
PHONE NUMBER (H): \_\_\_\_\_ (C): \_\_\_\_\_

\_\_\_\_\_ OPTION 1: MAIL A CHECK FOR MY PER CAPITA TO THE ADDRESS LISTED ABOVE

\_\_\_\_\_ OPTION 2: DIRECT DEPOSIT MY PER CAPITA INTO MY BANK ACCOUNT  
(We do not recommend that you deposit your money into someone else's account)

NAME OF BANK: \_\_\_\_\_

(If you are loading a Pre-Paid Debit Card, the debit card number IS NOT your account number)

ROUTING # \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

CHECKING \_\_\_\_\_ SAVINGS \_\_\_\_\_ (Please Mark Type of Account)

**\*\*THIS FORM IS NOT VALID UNLESS SIGNED BY TRIBAL MEMBER\*\***

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



**PRAIRIE BAND POTAWATOMI NATION  
PER CAPITA OFFICE**

**16281 Q Road Mayetta, KS 66509  
Phone (785) 966-3993  
Fax (785) 966-3917**

**FEDERAL INCOME TAX WITHHOLDING FORM**

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

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

**Social Security #** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Phone # (Home):** \_\_\_\_\_ **(Cell):** \_\_\_\_\_

**Percentage of Withholding:** (Please Mark 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. The Per Capita Office will withhold the above chosen percentage from each payment.
2. The Per Capita Office will be responsible for paying the amount withheld to the Internal Revenue Service.
3. The amount withheld will be reported in Box 4 (Federal Income Tax Withheld) of my 1099-Misc tax form each year.
4. I have the right to change the tax withholding amount at any time.
5. The Per Capita Office does not offer tax advice and recommends consulting a professional tax adviser for help with selecting withholding amounts and filing taxes.

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