



**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:** _____