



HO-CHUNK NATION PEOPLE OF THE BIG VOICE



PROVIDENCE FIRST
TRUST COMPANY

HO-CHUNK NATION MINOR'S TRUST TAX PAYMENT FORM

1. GENERAL INFORMATION

"Tax Payments" are permitted under the Master Trust Agreement of the Ho-Chunk Nation Trust for ages 0 to 17. Please use this form to authorize payment of taxes and to authorize the release of tax information for the child/minor listed below, to your designated tax return preparer.

Minor's Name: _____ Minor's Tribal Id # _____

Parent/Guardian Name: _____ Phone number: _____

Mailing Address: _____
(must match address on file with Ho-Chunk Nation Membership) City State Zip Code

This authorization will apply to future years, unless you write, "1 year only" in the margin where we can see it.

2. REQUEST FOR PAYMENT & CERTIFICATION OF NEED

ONLY taxes attributable to income and earnings from your Trust share may be paid by the Trust. YOU must pay taxes on your wages or other income. By signing below you request payments of taxes and certify that the taxes are applicable to the income from the Trust. You or your tax preparer must send us the needed documentation (this signed form, first page of the tax return and applicable payment vouchers). Payments will be made directly to Federal or State Governments and/or the tax return preparer.

I certify that this request is made in good faith and in accordance with the Ho-Chunk Minors Trust. By signing below, I am permitting Providence First Trust Company to release information related to myself and/or my child's tax and trust account information in the Ho-Chunk Minor/Incompetent Trust for tax processing.

(signature of parent or child over 18) Date

Please indicate which tax preparer you will be using. As authorized above, we will release your tax information to them and make payments as they direct.

_____ Dobson Tax and Accounting 433 Forrest Street Black River Falls, WI 54615 PH: 715-284-7122 Fax: 715-284-8853	_____ Patti Junk's Tax Service N7333 State Highway 12 Black River Falls, WI 54615 PH: 715-284-0728 Fax: 715-284-0729	_____ H & R Block _____ _____
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If you do not use a tax preparer listed here, please fill in your tax preparer's information below:

Name: _____
Address: _____
Phone: _____ Fax: _____ Suite # _____ City _____ State _____ Zip _____
Email: _____

When completed, submit form to Providence First Trust Company through one of the following methods:

Mail: 8840 East Chaparral Road, Suite 250, Scottsdale AZ, 85250

Fax: 602-952-0018 Email: hcn@providencefirst.com