



HO-CHUNK NATION

Office of Tribal Enrollment VOLUNTARY TAX WITHHOLDING FORM

I, (*PRINT YOUR NAME*) _____ hereby voluntarily request the Ho-Chunk Nation to withhold Federal and/or State income taxes (as indicated below) **of monies from my entire per capita distribution**. This voluntary request shall remain in effect until I amend or revoke this election by written notice to Ho-Chunk Nation Office of Tribal Enrollment

PO Box 129
Black River Falls, WI 54615

***Any changes MUST be received thirty (30) days before a scheduled per capita distribution.**

I give up **any** and **all rights** to bring legal action against the Ho-Chunk Nation or its agents honoring this this voluntary request for additional income taxes against my individual per capita distribution payment.

- **FEDERAL** WITHHOLDING PERCENTAGE (15% TO 40%) _____ % (see chart below)
- _____ **STATE** WITHHOLDING AMOUNT \$ _____ .00
(*Print Name of State*) (Dollar Amount)

Member Signature: _____ Date: _____

Tribal ID Number: 439A - 00 Social Security Number: —
(Last 4 digits) (Last 4 digits)

Signature Date

Federal Tax Withholdings	
Per Capita at \$3000.00	
15%	450.00
20%	600.00
25%	750.00
30%	900.00
35%	1050.00
40%	1200.00

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