



Ho-Chunk Nation Office of Tribal Enrollment
Voluntary Tax Withholding Form

I, _____ hereby voluntarily request the Ho-Chunk Nation to withhold the following federal and/or state income tax from my entire per capita distribution.

This voluntary request shall remain in effect until I amend or revoke my election by this form, the Voluntary Tax Withholding Form, to the contact information listed at the bottom of the page.

***Any change(s) MUST be received thirty (30) days prior to 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 voluntary request for income tax taken against my individual per capita distribution payment.

FEDERAL Withholding Percentage of Per Capita at \$3,000:

<u>Voluntary Federal Tax Withholding</u>		
<u>Allowable Percentages:</u>		
<input type="checkbox"/>	0	\$ 0.00
<input type="checkbox"/>	5%	\$ 150.00
<input type="checkbox"/>	10%	\$ 300.00
<input type="checkbox"/>	15%	\$ 450.00
<input type="checkbox"/>	20%	\$ 600.00
<input type="checkbox"/>	25%	\$ 750.00
<input type="checkbox"/>	30%	\$ 900.00
<input type="checkbox"/>	35%	\$ 1050.00
<input type="checkbox"/>	40%	\$ 1200.00

No Change to Federal Withholding Percentage

STATE: _____ Withholding Amount: \$ _____
(Whole dollar amount only)

No Change to State Withholding Amount

Social Security Number:

Enrollment Number: 439A00

Name: _____ / _____ Date: _____
(Print) *(Sign)*