



Ho-Chunk Nation
Office of Tribal Enrollment

VOLUNTARY TAX WITHHOLDING FORM

I, _____ hereby voluntarily request the Ho-Chunk Nation to
NAME

withhold Federal and/or State income taxes 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 voluntary request for additional income taxes against my individual per capita distribution payment.

FEDERAL WITHHOLDING PERCENTAGE PER CAPITA AT \$3,000 (see chart below)

Voluntary Federal Tax Withholdings		
Allowable Percentages		
<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 \$ _____
Name of State

NO CHANGE TO **STATE** WITHHOLDING AMOUNT

Tribal ID Number: 439A00
(Last 4 digits)

Social Security Number:
(Last 4 digits)

Signature _____ / _____ Date _____
Print Name Signature