



TONKAWA TRIBAL GAMING DISTRIBUTION Withholding Form

Return Form to Racheal Starr.

Last 4 of SSN: _____

Type/Print Name: _____
Last Middle Initial First

Amount or percentage to be withheld from each per cap:

Federal: \$ _____ or _____ %

and/or

State: \$ _____ or _____ %

If you wish to cancel your withholdings from you revenue shares please check the box below.

I wish to cancel all withholdings from my per cap.

The Tonkawa Tribe and its staff cannot give individual tax advice. If you have questions about your taxes, you need to contact your tax agent

Under penalties of perjury, I declare that I have examined this form and to the best of my knowledge and belief, it is true, correct and complete.

Signature

Date

(Form is not valid unless signed)

OFFICE USE ONLY

Date Received: _____

Person Receiving: _____