



# TONKAWA TRIBAL GAMING DISTRIBUTION MINOR TRUST WITHHOLDING FORM

Return Form to Trish Allen

Minor's Last 4 of SSN: \_\_\_\_\_

Type or print Minor's

Name: \_\_\_\_\_

Last

Middle Initial

First

Amount or percentage to be withheld from each per cap

Federal: \$ \_\_\_\_\_ or \_\_\_\_\_%

If you wish to cancel your withholdings from your 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 of Parent or Guardian

Date: \_\_\_\_\_

Form is not valid unless it is signed!

Office Use Only

Date Received: \_\_\_\_\_

Person Receiving: \_\_\_\_\_