



# TONKAWA TRIBE OF OKLAHOMA

## Per Capita Withholding Form

*\*Changes in Withholdings will only be accepted in January.\**  
*\*Changes will stay the same for the remainder of the year\**

Last 4 of SSN: \_\_\_\_\_

Type/Print Name: \_\_\_\_\_  
First Middle Initial Last

Home Address: \_\_\_\_\_  
City State Zip Code

Phone Number: \_\_\_\_\_

Amount or percentage to be withheld from each per cap:

Federal:

Dollar amount: \_\_\_\_\_

Percentage: 5% 10% 15% 20% 25% 30% 35% 40% 45% 50%  
*Circle which percentage to withhold.*

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.

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: \_\_\_\_\_