



The Eastern Band of Cherokee Indians

FEDERAL INCOME TAX WITHHOLDING – PER CAPITA

Federal Income Tax Voluntary Withholding by checking this box, I authorize the Eastern Band of Cherokee Indians to withhold and remit 15% from my per capita payments for federal income tax. I understand this amount will be withheld and remitted to the Internal Revenue Service (IRS) and cannot be refunded or paid to me by the EBCI after it is withheld.

Void Federal Income Tax Voluntary Withholding by checking the box above, I authorize the Eastern Band of Cherokee Indians to void/stop withholding and remitting federal income tax from my per capita payments. I understand that per capita payments are taxable and any tax liability is my sole responsibility.

This authorization shall remain in effect for all future payments. A request to start or end federal income tax withholding must be provided on this form on or before April 1st for June per capita OR on or before October 1st for December per capita. This form does not pertain to mandatory taxes.

Full Name:	_____	Maiden Name (if applicable):	_____
Enrollment #:	_____	Last Four of SSN:	_____
Date of Birth:	_____		_____
Mailing Address:	_____	City:	_____
State:	_____	Zip Code:	_____
Phone #:	_____	Email Address:	_____

Signature of Enrolled Member

Date

State of: _____ County of: _____. On this _____ day of _____, 20____. Before me, _____, the undersigned Notary Public for _____ County, personally appeared: _____

(SEAL)

personally known to me; or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed on the within instrument, and acknowledged to me that he/she executed the same for the purposes therein stated.

Signature of Notary

Printed Name of Notary

_____/_____/_____
My Commission Expires

Return completed form to the address below or email completed form to: FinanceForm@ebci-nsn.gov

FOR FINANCE USE ONLY

RECEIVED

Keyed Date: _____

Keyed By: _____

