



Per Capita Department
7500 Soaring Eagle Blvd
Mt. Pleasant, MI 48858

Phone: 989.775.4040
Fax: 989.775.4075
Email: percapita@sagchip.org

Adult Per Capita Payments

(Adult Payments Only)

MICHIGAN INCOME TAX Voluntary Withholding Request

Purpose of Form: Please complete this form ONLY if you want to have Michigan Income Tax withheld from you Per Capita payments. Once you file this form, you must wait three months before requesting a change.

Please note: This is only for Michigan residents not exempt from state taxes.

| | | | |
|---|----------------|------------------------|-------------------|
| Your Membership Number | | Social Security Number | |
| First Name | Middle Initial | Last Name | |
| Home Address (number & Street) | | | |
| City or Town | State | Zip Code | |
| I want Michigan Income Tax withheld from my Per Capita Payments at the rate of (check one): | | | |
| 3% | 4% | 5% | 10% _____%(other) |
| Your Signature | | Date | |