

## Federal Income Tax Withholding Form (Adult Per Capita Use Only)

Per Capita payments are considered taxable earnings and must be filed annually with your IRS Tax Return. This form is used for the member to elect a percent to withhold Federal Income Tax according to an individual's tax obligations. We recommend each individual contact a Tax Professional before electing the percent.

All members are subject to Federal Tax Withholding. There is a **minimum** percent that can be elected, please contact the Per Capita Office for more information at 989-775-4040 or 989-775-4139.

If this form is not returned to the Per Capita Office, the minimum required will be withheld from each Per Capita Disbursement.

Your Membership Number		Social Security Number XXX-XX-_____ (last four digits)	
First Name	Middle Initial	Last Name	
Home address (number and street)			
City or Town	State	Zip Code	
<p>I want Federal income tax withheld from my Per Capita Payments at the Percentage rate of:</p> <p style="text-align: center;">Please note: there is a <b>minimum</b> % you can enter, please contact Per Capita Office for details</p> <p style="text-align: center;">_____ % (please enter percent)</p>			
Your Signature		Date	

