



Per Capita Department
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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):			
<input type="checkbox"/> 3% <input type="checkbox"/> 4% <input type="checkbox"/> 5% <input type="checkbox"/> 10% <input type="checkbox"/> %(other)			
Your Signature			Date