



Per Capita Department
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Adult Per Capita Payments

(Adult Payments Only)

Federal Income Tax Voluntary Withholding Request

Purpose of Form: Please complete this form **ONLY** if you want to increase your Federal Income Tax withholding percentage. If you do not file this request, your rate will remain at the current rate of 20%. You may not request an amount lower than 20%.

Please note: This is only for Federal Income Tax. Please see your tax advisor if you are required to make quarterly payments to your state to avoid interest and penalties.

Your Membership Number		Social Security Number	
First Name	Middle Initial	Last Name	
Home Address (number & Street)			
City or Town	State	Zip Code	
I want Federal income tax withheld from my Per Capita Payments at the rate of (check one):			
<input type="checkbox"/> 25% <input type="checkbox"/> 30% <input type="checkbox"/> 35% <input type="checkbox"/> %(other)			
Your Signature			Date