



Eastern Band of Cherokee Indians

Tribal Enrollment Office

PO Box 2069

Cherokee, NC 28719

Toll Free #: (800)357-2771 Phone #: (828)359-6467 or 6465 Fax: (828)359-0060

PER CAPITA FEDERAL INCOME TAX FORM

Please check the option you choose

To have Federal Income Tax withheld from your per capita distribution check the box above.

By checking this box I authorize the Eastern Band of Cherokee Indians to withhold 15% of my per capita payment for federal income taxes. I understand that this money will be forwarded to the Internal Revenue Service and cannot be paid to me by the Tribe after it has been withheld.

To have a Federal Income tax withholding authorization voided check the box above.

By checking the box above I am requesting the Eastern Band of Cherokee Indians void federal income tax withholding authorization I previously signed. I understand that the per capita distributions are a federal taxable event and that I am responsible for any taxes.

This authorization will remain in effect for all future payments. A request to reinstate or void this form must be in writing and received by the Enrollment Office on or before April 15th or October 15th to be in effect for the next distribution.

Member Information

Name of Member:		Maiden name if applicable:	
Enrollment #:	Social Security #:	D/O/B:	
Current Mailing Address:			
City:	State & Zip:	County:	
Is this a new mailing address? ___Yes ___No		E-mail address:	
Home Phone #:		Cell Phone #:	
Member Signature:		Date:	

This section is for Enrollment Office use only

W9 Date:	Has photo been made? ___Y ___N	Received Stamp
Has member filed a fed tax form Previously? ___Y ___N	Do we have a physical address on file for member? ___Y ___N	
Staff member who in took this form please initial:		