



PER CAP WITHHOLDING ELECTION

Date: _____ Membership No.: _____

Name Printed: _____

Social Security Number: _____

Percentage of Withholding (please mark only one box.)

15%

20%

25%

Other Amount

%

Federal Minimum *

By signing below and returning this form to the Revenue Allocation Plan Administrator (RAP Administrator) or his/her designee, I acknowledge that I understand and agree to the following:

1. My Per Capita payments will be reduced by the percentage I have checked above.
2. The RAP Administrator or their designee will withhold the chosen percentage from each payment.
3. The Finance Office will be responsible for paying to the Internal Revenue Service the withheld amount for Federal taxes.
4. The amount withheld and paid will be reported to the Internal Revenue Service in Box 4 (Federal Income Tax Withheld) of my 1099-misc tax form each year.
5. Neither the RAP Administrator, their designee, nor the Finance Office offer tax advice and recommend consulting a professional tax advisor for help with tax filings.
6. This form must be submitted at least 7 days prior to the next scheduled pay date.
7. For individuals under the age of 25, your withholding percentage may be modified for purposes of tax obligations regarding the accrual payment pursuant to Sections 9 and 15 of the Gaming Revenue Allocation Ordinance.

* Federal Minimum is determined by the IRS and is subject to change up to annually, the federal minimum will automatically be withheld should the current election be less than the federal minimum.

Signature: _____

Date: _____