

SHOSHONE-BANNOCK TRIBES  
DISTRIBUTION REQUEST FORM

Date: \_\_\_\_\_

I, \_\_\_\_\_, hereby request for the remainder of my  
Gaming Monies. I have met the following guidelines:  
(Print Name) (Enrollment#)

- I am 21 years old-Date of Birth: \_\_\_\_\_
- I am 18 years old-Date of Birth: \_\_\_\_\_
- High School Diploma(attached) Graduation Date: \_\_\_\_\_
- GED(attached): Date of Completion: \_\_\_\_\_

I am giving authorization to release my check by (circle one):  
**Certified Restricted Mail**  
**Pick up in Person**  
**Direct Deposit (Available if already set up)**

If you have any questions you can contact me at: \_\_\_\_\_

My address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature)

**SHOSHONE BANNOCK TRIBES AUTHORIZATION/REVOCAION FOR  
FEDERAL INCOME TAX WITHHOLDING NOTICE AND CERTIFICATE**

**PURPOSE:** In accordance to Section 2710 (B) (3) (D) for the Indian Gaming Regulatory Act.  
**TAXES:** Gaming distributions will be accompanied with a written notice attached to each check and will be stated on the direct deposit receipt indicating the amount of total distribution is taxable and will be reported to them, separately, on a Form 1099, if the total amount distributed for the year is at least \$600.00.

**RESOLUTION FINC-2012-0727**  
"NOW THEREFORE, BE IT RESOLVED BY THE BUSINESS COUNCIL OF THE SHOSHONE - BANNOCK TRIBES, that the Finance Department will implement a Voluntary Federal Income Tax withholding equal to 10%, 15%, or 25% of each gross per capita distribution for those Tribal members who elect to have Income Tax withheld from their per capita checks"

\_\_\_\_\_ I hereby authorize the Shoshone-Bannock Tribes, to initiate the (circle one) 10%, 15%, or 25% federal income tax deduction to my Gaming Per Capita payment(s) or any other distributions.

\_\_\_\_\_ I hereby revoke the voluntary federal income tax deduction to all my distributions. However, I understand that mandatory withholdings may be applicable per Internal Revenue Code Section 3402 (r).

This authority is to remain in full force and effect, until the Shoshone-Bannock Tribes has written notification from me of its termination in such time and in such manner as to afford Shoshone-Bannock Tribes a reasonable opportunity to act upon it.

NAME \_\_\_\_\_ ENROLLMENT # \_\_\_\_\_  
(Please Print)

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

Address: \_\_\_\_\_ PHONE \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_