

CONFEDERATED TRIBES OF GRAND RONDE
MINOR TRUST FUND

TRUST ACCOUNT TAX WITHDRAWAL REQUEST - 1099 INCOME

I am requesting access to my child's trust fund account to pay for the tax liability incurred due to the interest earned and distributions on the timber and per capita accounts. Checks are issued to the taxing agency only and reimbursements in the parent's name are not allowed.

Minor/Incompetent Name: _____

AGE: _____ Enrollment No.: _____ Phone # _____

Address: _____

Social Security No.: _____

State of residency: _____

Federal tax liability \$ _____ Tax year: _____

State tax liability \$ _____ Tax year: _____

Does the minor/incompetent reside on Tribal Trust Land or an Indian Reservation? _____

If so, please indicate the tribal land affiliation (for example, Grand Ronde Tribal Trust Land): _____

Mail or deliver to: *CTGR Member Services Department or email:*

kalene.contreras@grandronde.org

9615 Grand Ronde Rd
Grand Ronde, OR. 97347
Fax: (503) 879-2480

- ✓ Fill this out for minors under the age of 21 and incompetents.
- ✓ **Please do not send copies of tax returns or 1099's.**
- ✓ Withdrawals are not allowed for tax liability created by other income.
- ✓ **for additional forms or questions regarding the status of checks, contact Kalene Contreras in the Member Services Department at 1(800) 422-0232 ext. 2204 or email kalene.contreras@grandronde.org**
- ✓ **For TAX questions contact Karen Case at (971) 237-1230.**

**THE MEMBER BENEFITS ADMINISTRATOR CANNOT PROVIDE TAX ADVICE
AND YOU WILL NEED TO CONTACT A TAX PREPARER FOR ANY TAX
RELATED QUESTIONS OR INFORMATION.**

Please deduct the above-calculated amounts to pay Federal and State taxes due, from the minors or incompetents trust accounts. If the minor is 18 years or older, they must sign this request.

Printed name of Parent/Legal Guardian, or Minor 18+

Signature of Parent/Legal Guardian, or Minor 18+

Date