

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. Payments may be made to the taxing agency only and **reimbursements in the parents name or tax preparation fees are not allowed.**

Minor/Incompetent Name: \_\_\_\_\_

Age: \_\_\_\_\_ Enrollment # \_\_\_\_\_

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

Phone # \_\_\_\_\_

Social Security No.: \_\_\_\_\_

State of residency: \_\_\_\_\_

Federal tax liability (must include amt owed) \$ \_\_\_\_\_ Tax year: \_\_\_\_\_

State tax liability (must include amt owed) \$ \_\_\_\_\_ 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 instructions to:**

**Member Services Department**

Confederated Tribes of Grand Ronde

9615 Grand Ronde Rd.

Grand Ronde, OR 97347

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 Member Services Staff at 1-800-422-0232, ext. 2490.

**For TAX questions or advice contact Doris Rose at 503-293-4128.**

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

\_\_\_\_\_  
Printed name of Parent/legal guardian

\_\_\_\_\_  
Signature of Parent/ Legal Guardian

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