

MISSISSIPPI BAND OF CHOCTAW INDIANS TRIBAL DISTRIBUTION OFFICE

P.O. Box 6090 Choctaw, MS 39350 OFFICE: (601) 650-1522 (601) 650-1560 FAX: (601) 650-9990

EMAIL: distribution@choctaw.org

MEMORANDUM

TO: Tribal Division Directors

Department Directors
Program Directors

Administrative Supervisors

FROM: Barbara Ben, Distribution Manager /5/5/

DATE: 01 October 2024

RE: Notice of Tribal Distribution for December 5, 2024

Attached is the Notice of Tribal Distribution which was approved on September 24, 2024.

This notice will be made available in limited quantities at community facility buildings and the Tribal Office. It will be available online at www.choctaw.org to view or print. Please make copies as necessary for your employees that do not have access to the internet or tribal email.

Contact the Tribal Enrollment Office only for the following:

• New Application for Tribal Distribution for new enrollees.

Contact the Office of Tribal Distribution for the following:

- Voluntary withholding request (IRS form W-4V)
- Direct Deposit
- 18 years of age or older (Identification with birthday)
- Change in custody (Final Order of the Court)
- Name change (Copy of marriage/divorce paper and new Social Security card)
- Address change

Important Deadlines:

- October 18, 2024 by 4:30 p.m. -- Choctaw Tribal Court Clerk's Office
- November 4, 2024 by 4:30 p.m. -- Distribution Office

NOTICE OF DISTRIBUTION

Mississippi Band of Choctaw Indians

December 5, 2024

IMPORTANT NOTES

- 1. The Tribal Council of the Mississippi Band of Choctaw Indians ("MBCI" or "Tribe") passed a resolution which allows each enrolled member of the MBCI to be eligible to receive a payment of \$600.00 for the **December 2024** distribution. The Tribe will issue a separate payment for each enrolled member, regardless of age.
- 2. The Mississippi Band of Choctaw Indians is not requiring anyone to accept this payment, nor is the Tribe entering into a contract to make the payment or guarantee the payment.
- 3. It is the intention of the Tribal Council that payments for minor children and dependents be spent on them, or the family as a whole, and that their needs not be neglected.
- 4. Individual wishing to have income tax taken out of their payment must fill out a Voluntary Withholding Form (Form W-4V) and return to the Office of Tribal Distribution no later than **November 4**th, **2024 at 4:30pm**. This form is attached.
- 5. The IRS considers per capita payment distribution or in-kind goods or services received in lieu of a distribution payment to be personal income. Recipients should remember to report these payments on their income tax return (Form 1040) when they file their income taxes for the calendar year in which they receive the payment. A 1099 Tax Form will be issued.
- 6. These payments may also affect the eligibility of persons and families for certain federal programs, including, but not limited to: food stamps; Supplemental Security income (SSI); General Assistance; Head Start; Women, Infant & Children (WIC); Low-Income Energy; among other programs. It is the recipient's responsibility to check with the administering agency of that program to see what effect the payment may have on eligibility or amounts of assistance.
- 7. If a distribution payment is returned or otherwise not claimed, it shall be retained by the issuer for *six* (6) *months* after the date it was originally mailed. After this date, it shall be turned over to the Secretary-Treasurer for disbursement into the general revenue fund of the Tribe.
- 8. In order for the Office of Tribal Distribution to authorize the re-issuance of a payment that was lost, stolen, or not received, a notarized affidavit must be completed and returned to the Distribution Manager within 30 calendar days of the distribution date. The affidavit may be picked up from the Office of Tribal Distribution or they may be mailed.

DETERMINATION OF ELIGIBILITY

NEW APPLICANTS

- Only enrolled members of the Mississippi Band of Choctaw Indians are eligible to receive a distribution payment.
- If an eligible non-enrolled member is enrolled in another tribe, a signed disenrollment action must be received by the Tribal Enrollment Office by November 4th, 2024 at 4:30pm for the December 2024 distribution.
- In order to receive a distribution payment, enrolled members of the Mississippi Band of Choctaw Indians must complete the <u>New (pg.7)</u> Application for Tribal Distribution and turn in to the Tribal Enrollment Office by **November 4**th, **2024 at 4:30pm** for the **December 2024** distribution.
- The <u>New (pg.7)</u> Application for Tribal Distribution must be completed in its entirety. Any incomplete sections may cause a delay in receipt of your distribution payment.
- Addition of new eligible dependent, either through adoption or birth.

NEWBORNS

- Eligibility is restricted to persons being born before December 5th, 2024 at 12:00am.
- Parents of newborns have until **December 31st, 2024 at 12:00pm** to submit an Enrollment Application and a <u>New (pg.7)</u> Application for Tribal Distribution to the Tribal Enrollment Office.
- Accommodations may be made for the acquisition of birth certificates and Social Security cards after the Tribal Enrollment Office has received the completed Enrollment Application and the <u>New (pg.7)</u> Application for Tribal Distribution but cannot exceed 6 months past the date of distribution.

CHANGE OF STATUS

- If an eligible member has previously received a distribution payment, they must complete the **CHANGES (pg.8)** to Tribal Distribution form for any of the following changes in status:
 - o Member has now become 18 years of age
 - Change in custody
 - o Name change
 - Address change
- The original <u>CHANGES (pg.8)</u> to Tribal Distribution form for Tribal Distribution must be received by the Tribal Distribution Office by **November 4, 2024** at 4:30 p.m. Copies, faxes or email will be accepted with valid I.D.

COURT ORDER

- Any Order of the Tribal Court restraining the issuance or requiring a payment to re-issue to another party must be received by the Tribal Court Clerk's Office October 18th, 2024 at 4:30pm.
- If the residence of the child(ren) has changed or the per capita payment agreement has changed since the **July 2024** distribution, the individual receiving the payments on behalf of their child or dependent will need to provide a certified copy of the full court order stating such changes to the Tribal Distribution Office by **November 4**th, **2024 at 4:30pm**.

• Custodial court orders must be received by the MBCl Tribal Distribution Office by November 4th at 4:30pm for the December distribution.

18 YEARS OF AGE

- Those enrolled members of the Tribe who reach their 18th birthday on or before **December** 5th, 2024 must submit a copy of their photo I.D with their birthdate and the <u>CHANGES</u> (pg.8) to Tribal Distribution form for Tribal Distribution if they want to pick up their distribution payment without their parent or guardian present.
- Applications must be submitted by November 4th, 2024 at 4:30pm for the December 5, 2024 Distribution.

MILITARY/INSTITUTIONALIZED

• Tribal members serving in the military or otherwise institutionalized outside the reservation have until 4:30pm on **December 5, 2024** to file an Application for Tribal Distribution.

VESTING OF RIGHTS TO DISTRIBUTION

• An individual's right to distribution shall vest at 12:00am on December 5th, 2024 unless an individual is alive at the time distribution vests, he/she and his/her heirs shall not be entitled to the distribution.

APPEALS

- In the event that a person wants to appeal not receiving a distribution payment, or if there are eligibility questions, they must submit a letter of appeal to the Tribal Distribution Appeal Panel Chairperson Linda Williams.
- If a claimed child or dependent has lived in a household for more than 90 calendar days and the parent, guardian or custodian does not live in that household, the Tribe reserves the right to issue the check to the child or dependent and to the head of household in which the child now resides. Individuals must submit a letter of appeal to Linda Williams, Chairperson.
- The Tribal Distribution Appeal Panel consists of Linda Williams, Jannifer Willis, and Gilbert Thompson.

THE TRIBE WILL NOT GIVE CHECKS TO 3RD PARTIES

Direct Deposit

- Individuals wanting to use direct deposit must use the Direct Deposit Authorization Form, which is attached. The original form must be completed, notarized and sent to the Office of Tribal Distribution. You must make a copy if you would like to keep it for your records.
- This form must be filled out completely, notarized and returned to the Office of Tribal Distribution, c/o Distribution Manager by November 4th, 2024 at 4:30pm for the December 5th 2024 distribution.
- Eligible members may use the same form to have their dependent's or minor children's check put into the same account, granted that they are listed as account holder with the applicant and the necessary documents are provided prior to authorization.

DEPENDANTS

• For the dependants the payment will be made payable to both the minor and parent/guardian.

MINORS

• Individuals under 18 years of age with children are nevertheless still minors for the purposes of this distribution and payments will be made payable to both the minor and the parent/guardian.

SOCIAL SERVICES

- For children in foster care, their payment will be issued to Children & Family Services for the benefit of the child.
- Payments shall be re-issued by Children & Family Services in a timely manner to the appropriate parent or guardian.

CONTACT INFORMATION

Barbara F. Ben, Distribution Manager Office of Tribal Distribution

P.O. Box 6090 Choctaw, MS 39350 Phone: (601) 650-1522 Fax: (601) 650-9990

Email: barbara.ben@choctaw.org

Linda Williams, Chairperson Tribal Distribution Appeal Office P.O. Box 6010

Choctaw, MS 39350 Phone: (601) 650-1545

Email: linda.williams@choctaw.org

Sandie M. Gibson Office of Tribal Distribution P.O. Box 6090 Choctaw, MS 39350

Phone: (601) 650-1522 Fax: (601)650-9990

Email: sandie.gibson@choctaw.org

Angela Stevens, Tribal Enrollment Office

Tribal Enrollment Office

P.O. Box 6365 Choctaw, MS. 39350 Phone: (601) 650-1504

Email: angela.stevens@choctaw.org

Email: distribution@choctaw.org

Form W-4V

(Rev. February 2018) Department of the Treasury Internal Revenue Service

Voluntary Withholding Request

(For unemployment compensation and certain Federal Government and other payments.)

▶ Go to www.irs.gov/FormW4V for the latest information.

Instructions

Purpose of Form

If you receive any government payment shown below, you may use Form W-4V to ask the payer to withhold federal income tax,

- Unemployment compensation (including Railroad Unemployment Insurance Act (RUIA) payments).
 - · Social security benefits.
 - · Social security equivalent Tier 1 railroad retirement benefits.
 - · Commodity Credit Corporation loans.
- Certain crop disaster payments under the Agricultural Act of 1949 or under Title II of the Disaster Assistance Act of 1988.
- Dividends and other distributions from Alaska Native Corporations to its shareholders.

Consult your payer if you're uncertain whether your payment is eligible for voluntary withholding.

You aren't required to have federal income tax withheld from these payments. Your request is voluntary.

Note. Payers may develop their own form for you to request federal income tax withholding. If a payer gives you its own form instead of Form W-4V, use that form.

Why Should I Request Withholding?

You may find that having federal income tax withheld from the listed payments is more convenient than making quarterly estimated tax payments. However, if you have other income that isn't subject to withholding, consider making estimated tax payments. For more details, see Form 1040-ES, Estimated Tax for Individuals.

How Much Can I Have Withheld?

For unemployment compensation, the payer is permitted to withhold 10% from each payment. No other percentage or amount is allowed.

For any other government payment listed above, you may choose to have the payer withhold federal income tax of 7%, 10%, 12%, or 22% from each payment, but no other percentage or amount.

What Do I Need To Do?

Complete lines 1 through 4; check one box on line 5, 6, or 7; sign Form W-4V; and give it to the payer, not to the IRS.

Note. For withholding on social security benefits, give or send the completed Form W-4V to your local Social Security Administration office.

Line 3. If your address is outside the United States or the U.S. possessions, enter on line 3 the city, province or state, and name of the country. Follow the country's practice for entering the postal code. Don't abbreviate the country name.

Line 4. Enter the claim or identification number you use with your payer. For withholding from social security benefits, the claim number is the social security number under which a claim is filled or benefits are paid (for example, 123-45-6789A or 123-45-6789B6). The letter or letter/number combination suffix that follows the claim number identifies the type of benefit (for example, a wage earner, a spouse, or a widow(er)). The claim number may or may not be your own social security number. If you are unsure about what number to use, contact the Social Security Administration at 1-800-772-1213 (toll-free). For other government payments, consult your payer for the correct claim or identification number format.

Line 5. If you want federal income tax withheld from your unemployment compensation, check the box on line 5. The payer will withhold 10% from each payment.

Line 6. If you receive any of the payments listed on line 6, check the box to indicate the percentage (7%, 10%, 12%, or 22%) you want withheld from each payment.

Line 7. See How Do I Stop Withholding? below.

Sign this form. Form W-4V is not considered valid unless you sign it.

When Will My Withholding Start?

Ask your payer exactly when income tax withholding will begin. The federal income tax withholding you choose on this form will remain in effect until you change or stop it or the payments stop.

How Do I Change Withholding?

If you are getting a payment other than unemployment compensation and want to change your withholding rate, complete a new Form W-4V. Give the new form to the payer.

How Do I Stop Withholding?

If you want to stop withholding, complete a new Form W-4V. After completing lines 1 through 4, check the box on line 7, and sign and date the form; then give the new form to the payer.

				Separate h	ere			
Form	voluntary Withholding Request Gev. February 2018) (For unemployment compensation and certain Federal Government and other payments.)							
***************						payments.)	OMB No. 1545-0074	
	Department of the Treasury Internal Revenue Service Se							
1					2 Your so	cial security number		
3	Home address	(number and stree	et or rural route)	City or t	own	State	ZIP	code
4	Claim or identifi	cation number (if	any) you use with your	payer	Alternative Alternative Alternative Alternative Alternative Alternative Alternative Alternative Alternative Al			
5	☐ I want federal income tax withheld from my unemployment compensation at a rate of 10% of each payment.						ment.	
6	my Commodity	Credit Corporation		p disaster paymer	nts under the Agr	icultural Act o	f 1949 or und	I retirement benefits, (c) er Title II of the Disaster the rate of (check one):
7	☐ I want you	to stop withhol	ding federal income	tax from my pay	ment(s).			
Your	signature ▶				Date	• >		
For Pr	ivacy Act and Pa	perwork Reduct	tion Act Notice, see pa	ige 2.	Cat. No. 2	2 8 91V	F	om W-4V (Rev. 2-2018)

New Application for Tribal Distribution

This form should be completed by the Head of household OR whose name will appear with the under 18 years old name on the check.

Head of Household (Applican	t, if over the age of 18	3):			
Name	M	Marital Status			
Date of Birth					
Street Address or Box					
City	Stat	te	Zip Code		
Social Security Number		Choctaw Roll	Number		
Telephone-Work	Telep	hone-Home_			
Community (if applicable)					
Is the Head of Household a tri Yes No		ssissippi Ban	d of Choctav	v Indians?	
Please list only the child or ch Band of Choctaw Indians and					with the Mississipp
Full Name	Choctaw Roll Number			Parent or Guardian	Relation to Head
1		_			J
2		_	<u> </u>	<u> </u>	<u> </u>
3		<u> </u>			<u> </u>
		Signature o	of Head of H	ousehold	Date

This form may be returned in person to the Tribal Enrollment Office at the Tribal Office Building or by mail to:

Application for Tribal Funds P.O. Box 6365 Choctaw, MS 39350

New applicants (enrolled members who have not made prior application) living on or near the Choctaw Reservation (in counties with reservation lands) must complete this application and return the Application by 4:30pm, November 4th, 2024, to receive a check on December 5th 2024.

The deadline for newborns to return the completed application is December 31st, 2024, at 12:00 noon. POSTMARKED BY December 31st, 2024.

OVER 18 YEARS OLD				
(Photo I.D. showing birth date)				

CHANGE IN CUSTODY (Final Order of the Court)

NAME/ADDRESS CHANGE
Copy of Marriage License/Divorce papers
& Social Security Card)

CHANGES to Tribal Distribution Form

This form should be completed by the Head of household OR w	hose name will appear with the under 18 years old
name on the check.	

Name	Marital Status					
Date of Birth						
Cturet Adduses on Desi						
City				Zip Code		
Social Security Number			Choctaw Roll Number			
Telephone-Work						
Community (if applicable)						
Yes No		ldren who are memb	pers of Ms. Ba	nd of Choctaw Indians.		
Full Name	Roll Number	Soc. Sec.	Date of Birth	Parent or Guardian	Relation to Head	
1.						
2.	6					
3.						
1.						
5.						
5.						

This form may be returned in person or by mail to the Tribal Distribution Office at the Tribal Office Building with valid photo I.D.

Application for Tribal Funds P.O. Box 6090 Choctaw, MS 39350 Fax # (601) 650-9990

Email: distribution@choctaw.org

DIRECT DEPOSIT AUTHORIZATION FORM

Use this form to

- Establish New Direct Deposit Authorization at a Bank or Credit Union
- Change Financial Institution and/or Account Type or Number

Mail the ORIGINAL form to:

Distribution Manager Office of Tribal Distribution P.O. Box 6090 Choctaw, MS 39350

Instructions:

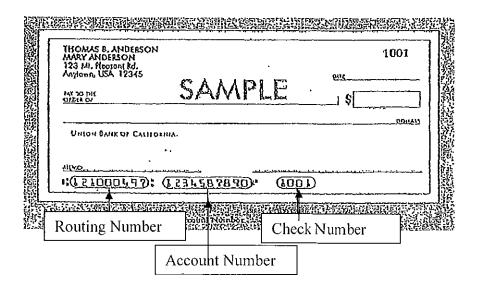
- 1. Complete all information listed below including name and account number at financial institution and whether deposit to a checking or savings account is requested
- For checking account-attach a voided personal check or letter from your financial institution on their letterhead which includes their routing number and your account number.
- 3. Savings account-attach a statement from your financial institution or letter from your financial institution on their letterhead which includes their routing number and your account number.
- 4. Sign this form, notarize it and return to the Office of Tribal Distribution.

Important Reminders:

- 1. Distribution funds are credited to your account on the day of distribution, as approved by the Tribal Council.
- 2. Failure to notify the Office of Tribal Distribution in a timely manner of changed or closed accounts may substantially delay the receipt of payments if an attempt is made to deposit funds into a closed account.

Checking account: a voided check or letter from your financial institution on their letterhead which includes their routing number and your account number is required to process this authorization.

Savings account: attach a statement from your financial institution or letter from your financial institution on their letterhead which includes their routing number and your account number is required to process this authorization



PRINT CLEARLY OR TYPE- Any discrepancies may cause a delay in receiving your payment.

electro	ORIZATION: I authorize the M nic credit entries, and if necessar thority will remain in effect until	y, debit entries and adjust	ment for any credit entries in a				
Es Es	☐ Establish NEW account ☐ Change existing account						
<u>FINAN</u>	CIAL INSTITUTION INFORM	IATION Checki	ing Account Savin	gs Account			
Name o	f Financial Institution	ABA R	outing # Ac	count #			
<u>APPLIC</u>	CANT INFORMATION	Tribal Member? □Yes	s 🗆 No				
First	Middle	Last	Social Security #	Tribal Roll#			
Street A	Address City	State	Zip	Phone Number			
DEPEN	DANT INFORMATION – Depe	ndents must be included	l as account holders with ag	pplicant.			
First	Middle	Last	Social Security	Tribal Roll #			
First	Middle	Last	Social Security	Tribal Roll #			
First	Middle	Last	Social Security	Tribal Roll #			
		SWORN AF	FIDAVIT				
 the undersigned, first having been duly sworn on oath state as follows: I am an enrolled member of the Mississippi Band of Choctaw Indians (the "Tribe") and/or my dependents are enrolled members of the Mississippi Band of Choctaw Indians and, as such, am/are eligible to receive distribution payments when authorized by the Tribal Council. I make this affidavit that my distribution payment and/or my dependent's distribution payment shall be made electronically to the above-named financial institution. I understand that making a false affidavit to receive a distribution payment is a crime and that I can be prosecuted in Tribal and/or Federal Courts for receiving a distribution payment under false pretenses. Iam under no legal disability which would prevent my making this affidavit and I have fully read and understand it. 							
Further, affiant sayeth not.							
STATE	OF						
COUNT	Y 0F						
	Personally appeared before me, t		in and for the jurisdiction aforst duly sworn on his/her oath				
facts in t	heabove and foregoing affidavit a	retrue and correct to the be	est of his/her knowledge and b	pelief.			
Swornto	o and subscribed before me this the _		Signature 0				
		-	Notary Public				
My Cor	mmission Expires:						