TAXABLE YEAR

CALIFORNIA FORM

2018 Enrolled Tribal Member Certification

3504

Your first name	Initial	Last name			Social s	Social security number			
Mailing address			City			State	ZIP code	9	
Physical address (not a PO Box)			City			State	ZIP code		
Part I – Tribal Information									
1. Indian tribe of which you are an enrolled member						Your trib	Your tribal enrollment number		
2. Reservation(s) on which you resided during the tax year						Dates o	Dates of residency		
X									
Part II – Residency and Enrollment Verification									
3. Residency and enrollment must be verified by a designated person within the tribal government who has received authority from the Tribal Chairperson and/or Tribal Council for this purpose. By personal knowledge, I declare that the above person is a member of the tribe stated above and resided within California Indian country.									
Print name Title									
Signature X						Date	Date		
Part III – Income Exemption Information									
If you meet all of the following requirements, your income is exempt from California income tax:									
 You must be an enrolled member of a federally recognized California Indian tribe. You must live within California Indian country. The income you carned must be sourced within California Indian country. 									
4. Exempt Income Sources									
(a) (b) (c) Employer's name or source of Physical address of where you worked (if applicable) Income type (wa						(c) e (wages, per c come, etc.)	jes, per capita Amount qualifying a		
Y Y									
Part IV – Residential Property Information									
5. If you own residential property(ies) located outside the boundaries of California Indian country, fill in the information requested below. Property 1									
			(Pare	Property usage (Personal, rental, vacation, etc.)		Who resided		Dates you resided in	
Physical address		,	(Pers	unai, reniai,	vacation, etc.)	property	!!	property (if applicable)	
Property 2									
Physical address			(Pers	Property usage (Personal, rental, vacation, etc.)		Who resided property		Dates you resided in property (if applicable)	
I declare under penalty of perjury under the laws of the State of California that all the information on this form and included with this form is true, correct, and complete.									
Print name									
Signature X						D	Date		