

2017 Enrolled Tribal Member Certification

3504

Your first name	Initial	Last name	Social security number	
Mailing address			City	State ZIP code
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 Tribal Enrollment Number
2. Reservation(s) on which you resided during the tax year	Dates of Residency

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 on the same tribe's reservation.

Print Name	Title
Signature X	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 in your tribe's Indian country.
- The income you earned must be sourced in the same Indian country in which you lived and where you are an enrolled member.

4. Exempt Income Sources

(a) Employer's name or source of exempt income	(b) Physical address of where you worked (if applicable)	(c) Income type (wages, per capita income, etc.)	(d) Amount qualifying as exempt income

Part IV – Residential Property Information

5. If you own residential property(ies) located outside the boundaries of your affiliated tribe, fill in the information requested below.

Property 1

Physical Address	Property Usage (Personal, rental, vacation, etc.)	Who resided in this property?	Dates you resided in property (if applicable)

Property 2

Physical Address	Property Usage (Personal, rental, vacation, etc.)	Who resided in this 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	Date