



Child Care Services Program
P.O. Box 948
Nome, AK 99762
www.kawerak.org
Email: intake@kawerak.org
1-800-450-4341 or (907) 443-4358
Fax (907) 443-4485 for eFax (907) 802-6183

945 TAX WITHHOLDING AUTHORIZATION AGREEMENT

I (we) hereby authorize KAWERAK, Inc. to initiate 945 tax withholding from all future payments initiated by KAWERAK, Inc.

VENDOR (Provider) NAME: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____

AMOUNT OF WITHHOLDING:

10%

25%

50%

I elect to not have any federal tax withheld from my provider payments.

This authority is to remain in full force and effect until Kawerak, Inc. has received written notification from me of its termination.

PRINT NAME: _____

SIGNATURE: _____ DATE _____