

RESOLUTION OF THE GOVERNING BODY OF  
THE THREE AFFILIATED TRIBES OF THE  
FORT BERTHOLD RESERVATION

WHEREAS, This Nation having accepted the Indian Reorganization Act of June 18, 1934, and the authority of said Act; and

WHEREAS, the Constitution and By-laws of the Three Affiliated Tribes authorizes and empowers the Tribal Business Council to engage in activities for the welfare and benefit of the tribes and tribal members; and

WHEREAS, the Three Affiliated Tribes Business Council has received a notice of Levy from the Internal Revenue Service (Form #668 A Chapter 64 of Internal Revenue Code) against Tribal Funds held in the Lakeside State Bank, to be paid immediately in the amount of \$1,257.39 from said funds in payment for assessment charged to Central Finance for prior quarters ending 12-31-79, (4th. quarter), also for 6-30-80 (2nd. quarter).

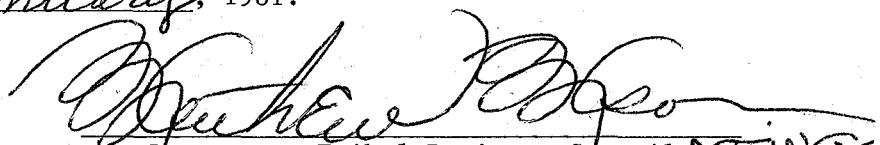
THEREFORE BE IT RESOLVED, that the Tribal Business Council hereby commits \$1,257.39 of the funds to be taken from the General Checking Account in payment of said Levy to the Internal Revenue Service.

C E R T I F I C A T I O N

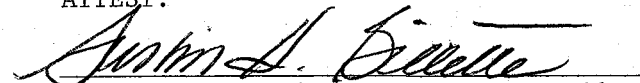
I, the undersigned, as Secretary of the Tribal Business Council of the Three Affiliated Tribes of the Fort Berthold Reservation, hereby certify that the Tribal Business Council is composed of 11 members of whom 7 constituting a quorum, 8 were present at a Special Meeting; thereof duly called, noticed, convened, and held on the 30 day of January, 1981; that the foregoing resolution was adopted at such meeting by the affirmative vote of 8 members, 0 members opposed, 0 members abstained, 0 members not voting, and that the said resolution has not been rescinded or amended in any way.

Chairman (voting) (not voting)

Dated this 30 day of January, 1981.

  
Secretary, Tribal Business Council ACTING

ATTEST:

  
CHAIRMAN, Tribal Business Council

# Notice of Levy

To  
**Lakeside State Bank**  
**New Town, ND 58763**

Date  
**01/23/81**  
 Originating District  
**Fargo**

The taxpayer named at the bottom of this notice  
 owes the United States **▶ \$ 1,257.39**

Kind of Tax	Tax Period Ended	Date of Assessment	Identifying Number	Unpaid Balance of Assessment	Statutory Additions	Total
940	12/31/79	04/07/80	45-0323672	\$1,118.26	\$78.00	\$1,196.26
941	06/30/80	11/17/80	45-0323672	59.90	1.23	61.13
				<b>Total amount due ▶</b>	<b>\$1,257.39</b>	

Chapter 64 of the Internal Revenue Code provides a lien for the above tax and statutory additions. Demand has been made on the taxpayer for the above amount. The taxpayer has neglected or refused to pay. The amount is still due, owing, and unpaid. All property, rights to property, money, credits, and bank deposits now in your possession and belonging to this taxpayer (or for which you are obligated) and all

money or other obligations owing from you to this taxpayer, are levied upon for payment of the tax plus all additions provided by law. Demand is made on you for the amount necessary to pay this tax liability or for any smaller sum that you owe this taxpayer, to be applied as a payment on this tax liability. Checks or money orders should be made payable to the Internal Revenue Service.

Signature <i>Joyce L. Gasing</i> <b>Joyce L. Gasing</b>	Title <b>Chief, Technical Office Compliance Group</b>	Name and Office Address <b>Internal Revenue Service P.O. Box 2461, Fargo, ND 58108</b>
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Name and Address of Taxpayer

**Three Affiliated Tribes  
 Central Finance  
 P.O. Box 579  
 New Town, ND 58763**

**Certificate of Service**

I certify that this notice of levy was served by delivering a copy of it to the person named below.

Name

Title

Date and Time

Signature of Revenue Officer or Service Representative

-partment of the Treasury

**Internal Revenue  
Service Center**

OGDEN, UT 84201

12227 161

Date of This Notice  
NOV. 17, 1980

4501

Employer Identification Number  
45-0323672 CU

◀ If you inquire about  
your account, please  
refer to these num-  
bers or attach this  
notice

Document Locator Number  
45141-264-00319-0

Form Number Tax Period  
941 JUNE 30, 1980

Balance Is Due By  
NOV. 27, 1980

CU 450323672 01 8006 670 8045

THREE AFFILIATED TRIBES  
CENTRAL FINANCE  
PO BOX 579  
NEW TOWN, ND 58763

**Request for Payment**

Our records show that a payment is due on your account. Please make the payment by the due date shown in the statement at the right.

If your records do not agree with the total credits shown, we may have credited your payment to another kind of tax. Please help us by completing the information requested about this payment on the back of this notice and returning it to us. If more than one payment is involved, attach a list giving the information requested for each payment.

If the balance is incorrect for any other reason, please furnish us an explanation.

In either case, you will need to subtract the payments we haven't included and send us any adjusted balance due. Make your check or money order payable to the Internal Revenue Service for the adjusted balance due. Please show your employer identification number on your payment and mail it with this notice in the envelope enclosed for your convenience.

Thank you for your cooperation.

**FEDERAL EMPLOYMENT TAXES**

**Tax Statement**

Total Tax on Return . \$	102,442.00
Total Credits .....	102,455.58-
Plus Penalty* .....	62.23
Plus Interest* .....	11.25
<b>Balance</b>	
<b>Due IRS</b> → \$	59.90

Subtract Payments  
We Haven't Included \_\_\_\_\_  
Pay Adjusted \_\_\_\_\_  
Balance Due ..... \$ \_\_\_\_\_

\* See these code numbers  
on the back for  
an explanation of  
penalty or interest  
charges

01-09

Department of the Treasury  
**Internal Revenue  
 Service Center**

1-800-342-4710

123

OGDEN, UT 84201

CU 8038

THREE AFFILIATED TRIBES  
 CENTRAL FINANCE  
 PO BOX 579  
 NEW TOWN, ND 58763

Date of This Notice

6824 138

SEP. 29, 1980  
 Taxpayer Identifying Number

45-0323672 CU  
 Document Locator Number

◀ If you inquire about  
 your account, please  
 refer to these num-  
 bers

45840-072-96526-0  
 Form Number Tax Period Ended

940 DEC. 31, 1979

THIS IS NOT A BILL

FEDERAL UNEMPLOYMENT TAX

**OVERPAYMENT APPLIED TO OTHER TAXES**

You overpaid the tax reported on the form identified above, and we applied part or all of the overpayment against other taxes you owe. All or part of any interest owed on the overpayment may also have been applied against those other taxes. The total amount applied is shown at right; shown below is a list of your unpaid accounts and the amount we applied to each.

If there is a balance due you of \$1 or more, a refund will be sent to you.

This notice is for your information. It requires no reply.

<b>Your Overpayment to IRS...</b>	<b>\$12,836.37</b>
Portion of your overpayment applied to unpaid accounts.	<b>\$453.67</b>
Interest applied to unpaid accounts.	<b>.00</b>
Total amount applied .....	<b>453.67</b>
<b>Amount to be refunded to you ... \$</b>	<b>12,382.70</b>
(Any interest due you will be added)	

Amount applied	Form	Tax period ended
\$453.67	941	DEC. 31, 1979

Amount applied	Form	Tax period ended
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Overpayment was applied to these accounts





THREE AFFILIATED TRIBES  
TRIBAL FINANCE

GENERAL CHECKING ACCOUNT

BOX 579

NEW TOWN, N. DAK. 58763

12842

March 3, 19 80

77-1098  
913

PAY TO THE  
ORDER OF

Internal Revenue Service

\$4,401.56

THREE AFFILIATED TRIBES 440156

DOLLARS



Lakeside State Bank

New Town, North Dakota

NOT NEGOTIABLE

⑆091310987⑆

08⑈388⑈9⑈

THREE AFFILIATED TRIBES  
GENERAL CHECKING ACCOUNT  
NEW TOWN, N. DAK. 58763

DELUXE - FORM DVD-3 - V-311

DATE	DESCRIPTION	ACCOUNT NO.	AMOUNT
3-03-80	Employer's Annual Federal Unemployment Tax Return for tax year ending 12/79.		\$4,401.56

# Employer's Annual Federal Unemployment Tax Return

**1979**

If incorrect,  
make any  
necessary  
change

Name **CU 45-0323672 DEC 31, 1979 D45 B**  
**THREE AFFILIATED TRIBES**  
Trade **CENTRAL FINANCE**  
**PO BOX 579**  
Address **NEW TOWN ND 58763**

T	
FF	
FD	
FP	
I	
T	

- A** Have you paid all required contributions to your State unemployment fund by the due date of Form 940?  Yes  No  
If you check the "Yes" box, enter amount of contributions timely paid to your State unemployment fund . . . ▶ **27,179.61**
- B** Are you required to pay contributions to only one State?  Yes  No  
If you check the "Yes" box: (1) Enter the name of the State that you are required to pay contributions to . . . ▶ **North Dakota**  
(2) Enter your State experience rate(s) for 1979 (see instructions for Part V, columns 4 and 5) . . . ▶ **4.1 %**      %      %

**Part I Computation of Taxable Wages (To Be Completed by All Taxpayers)**

<b>1</b> Total payments (including exempt payments) during the calendar year for services of employees . . . . .		<b>849,266 86</b>
<b>Exempt Payments</b>		
<b>2</b> Exempt payments. (Explain each exemption shown, attaching additional sheets if necessary) ▶ <u>CETA-PSE</u>	Amount paid	
<u>Intergovernmental Personnel Act</u>	45,538 09	
	1,584 00	
<b>3</b> Payments for services in excess of \$6,000. Enter only the excess over the first \$6,000 paid to individual employees exclusive of exempt amounts entered on line 2. Do not use State wage limitation . . . . .	173,350 66	
<b>4</b> Total exempt payments (add lines 2 and 3) . . . . .		<b>220,472 75</b>
<b>5</b> Total taxable wages (subtract line 4 from line 1). (If any portion is exempt from State contributions, see instructions) . . . ▶		<b>628,794 11</b>

**Part II Tax Due or Refund (Complete if You Checked the "Yes" boxes in Both Items A and B Above)**

<b>1</b> FUTA tax. Multiply the wages on line 5, Part I, by .007 and enter here . . . . .	<b>4,401 56</b>
<b>2</b> (a) Delaware wages included on line 5, Part I . . . ▶ \$..... multiplied by .003 . . . . .	<b>-0-</b>
(b) Pennsylvania wages included on line 5, Part I . . . ▶ \$..... multiplied by .003 . . . . .	<b>-0-</b>
<b>3</b> Total FUTA tax (add lines 1, 2a, and 2b) . . . . .	<b>4,401 56</b>
<b>4</b> Less: Total FUTA tax deposited from line 5, Part IV . . . . .	<b>-0-</b>
<b>5</b> Balance due (subtract line 4 from line 3—this should not be over \$100). Pay to Internal Revenue Service . . . ▶	<b>4,401 56</b>
<b>6</b> Overpayment (subtract line 3 from line 4) . . . . .	

**Part III Tax Due or Refund (Complete if You Checked the "No" Box in Either Item A or Item B Above)**

<b>1</b> Gross FUTA tax. Multiply the wages on line 5, Part I, by .034 . . . . .		
<b>2</b> Maximum credit. Multiply the wages on line 5, Part I, by .027 . . . . .		
<b>3</b> Enter the smaller of the amount on line 11, Part V, or line 2, above . . . . .		
<b>4</b> (a) Delaware wages included on line 5, Part I . . . ▶ \$..... multiplied by .003 . . . . .		
(b) Pennsylvania wages included on line 5, Part I . . . ▶ \$..... multiplied by .003 . . . . .		
<b>5</b> Credit allowable (subtract lines 4a and 4b from line 3) . . . . .		
<b>6</b> Net FUTA tax (subtract line 5 from line 1) . . . . .		
<b>7</b> Less: Total FUTA tax deposited from line 5, Part IV . . . . .		
<b>8</b> Balance due (subtract line 7 from line 6—this should not be over \$100). Pay to Internal Revenue Service . . . ▶		
<b>9</b> Overpayment (subtract line 6 from line 7) . . . . .		

**Part IV Record of Federal Tax Deposits for Unemployment Tax (Form 508)**

	a. Quarter	b. Liability by period	c. Date of deposit	d. Amount of deposit
<b>1</b>	First			
<b>2</b>	Second			
	Third			
	Fourth			

**5** Total FUTA tax deposited (add column d, lines 1 through 4) (do not include contributions paid to State) . . . ▶

If you will not have to file returns in the future, write "Final" here (see general instruction "Who Must File") . . . ▶

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that no part of any payment made to a State unemployment fund claimed as a credit was or is to be deducted from the payments to employees.

Date ▶ **02/29/80**      Signature ▶ *James Montau*      Title (Owner, etc.) ▶ **Tribal Comptroller**

FEDERAL TAX DEPOSIT. OF: UNEMPLOYMENT TAXES FOR TAX YEAR ENDING 12/79

DEPARTMENT OF THE TREASURY, FEDERAL SERVICE  
Bureau of Government Financial Operations - FTD Form 508, Oct. 1977



REPORT ON  
IRS RETURN

940

508  
FTD Form

NAME OF BANK		AMOUNT OF DEPOSIT	
		4,401	56
		DOLLARS	CENTS
THREE AFFILIATED TRIBES TRIBAL		39	
FINANCE			
PO BOX 579			
NEW TOWN ND 58763.			

ENTER AMOUNT OF DEPOSIT AND NAME OF BANK WHERE DEPOSITED IN SPACE ABOVE.  
The space below may be used by depositories for MICR encoding.

Employer Identification Number
45-C323672
968
DEC 79
Tax Period Ending
Bank Name/Date Stamp

Department of the Treasury  
Internal Revenue  
Service Center  
OGDEN, UT 84201

CU 450323672 10 7912 670 8013

THREE AFFILIATED TRIBES  
CENTRAL FINANCE  
PO BOX 579  
NEW TOWN, ND 58763

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Thank you for your cooperation.

Date of This Notice

APR. 7, 1980

Employer Identification Number

45-0323672

Document Locator Number

45840-072-96526-0

Form Number Tax Period Ended

940

Balance Is Due By

DEC. 31, 1979

APR. 17, 1980

11273 161

4501

◀ If you inquire about your account, please refer to these numbers or attach this notice

### FEDERAL UNEMPLOYMENT TAX

#### Tax Statement

Total Tax on Return	\$	4,401.56
Total Credits	-----	4,401.56
Plus Penalty*	-----	660.24
Plus Interest*	-----	49.20
Balance Due IRS	→ \$	709.44

Subtract Payments We Haven't Included  
Pay Adjusted

Balance Due \$ \_\_\_\_\_

PENALTIES: 01...\$440.16 03...\$220.08

\*See these code numbers on the back for an explanation of penalty or interest charges.

01-03-09



**THREE AFFILIATED TRIBES LONG RANGE PLANNING/COMPREHENSIVE MANAGEMENT MODEL  
PLANNING AND BUDGETING PROCESS**

