

## State of Arkansas Employees' Special Withholding Exemption Certificate

Employee's Full Name:

SSN:

Home Address:

City:

State:

Zip:

Employee: File this form with your employer to exempt your earnings from State income tax withholding.

Employer: Keep this certificate for your records.

### CHECK THE APPLICABLE BLOCK:

I am single and my gross income from all sources will not exceed \$12,492.00.

I am married filing jointly with my spouse, have 1 or less dependents, and our combined gross income from all sources will not exceed \$21,067.00

I am married filing jointly with my spouse, have 2 or more dependents, and our combined gross income from all sources will not exceed \$25,355.00

I am unmarried filing Head of Household or a Qualifying Widow(er), have 1 or less dependents, and my gross income from all sources will not exceed \$17,761.00

I am unmarried filing Head of Household or a Qualifying Widow(er), have 2 or more dependents, and my gross income from all sources will not exceed \$21,172.00

Under penalty of perjury, I certify the above information is true and if there is a change in my status, I will notify my employer immediately.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date