

## State of Arkansas Employees's 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 **\$11,412.00**.
- I am **married filing jointly** with my spouse, **have 1 or less dependents, and** our combined gross income from all sources will not exceed **\$19,244.00**
- I am **married filing jointly** with my spouse, **have 2 or more dependents, and** our combined gross income from all sources will not exceed **\$23,160.00**
- 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 **\$16,224.00**
- 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 **\$19,339.00**

**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