

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 **\$11,222.00**.
- I am **married filing jointly** with my spouse, **have 1 or less dependents, and** our combined gross income from all sources will not exceed **\$18,923.00**
- I am **married filing jointly** with my spouse, **have 2 or more dependents, and** our combined gross income from all sources will not exceed **\$22,774.00**
- 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 **\$15,953.00**
- 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 **\$19,017.00**

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