



## STATE OF ARKANSAS Employee's Special Withholding Exemption Certificate

Print Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Print 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 with your records.

### CHECK THE APPLICABLE BLOCK:

- I am single and my gross income from all sources will not exceed \$13,446.00.
- I am married filing jointly with my spouse, have 1 or less dependents, and our combined gross income from all sources will not exceed \$22,675.00
- I am married filing jointly with my spouse, have 2 or more dependents, and our combined gross income from all sources will not exceed \$27,291.00
- 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 \$19,117.00
- 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 \$22,789.00

I certify that the number of exemptions and dependents claimed on this certificate does not exceed the number to which I am entitled.

Signature \_\_\_\_\_ Date \_\_\_\_\_