

# AR4ECSP

STATE OF ARKANSAS

## Employee'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 with your records.

**CHECK THE APPLICABLE BLOCK:**

I am **single and** my gross income from all sources will not exceed **\$7,800**.

I am **married filing jointly** with my spouse, **and**  
our combined gross income from all sources will not exceed **\$15,500**.

I am unmarried filing **Head of Household or a Qualifying Widow(er), and**  
my gross income from all sources will not exceed **\$12,100**.

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

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