

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 **\$10,506**.
- I am **married filing jointly** with my spouse.
We have **one or no dependent, and**
our combined gross income from all sources will not exceed **\$17,716**.
- I am **married filing jointly** with my spouse.
We have **two or more dependents, and**
our combined gross income from all sources will not exceed **\$21,321**.
- I am unmarried filing **Head of Household or a Qualifying Widow(er), and** my gross income from all sources will not exceed **\$14,935**.

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 _____