

For use by tribal enrolled NATIVE AMERICAN employees who live and are employed within an Indian reservation established for that tribe and thereby claim that no Arizona state income tax liabilities exist based on the decision by the Supreme Court of the United States in *McClanahan vs. Arizona State Tax Commission*, 411 U.S. 164, 93 S. Ct. 1257 (1973).

Type or print full name (last, first, middle initial)	Your social security number
Home address (number and street or rural route)	Tribal census number
City, state, and ZIP code	Tribal affiliation

Employee's certification: I declare, under penalty of perjury, that: I am a Native American residing on \_\_\_\_\_ Indian reservation; I am an enrolled member of the tribe for which that reservation was established; and all my services as an employee of \_\_\_\_\_ are performed within the boundaries of that Indian reservation. I hereby request that no Arizona state income tax be withheld and assert that no liability for state income taxes exists based upon the findings by the United States Supreme Court in *McClanahan vs. Arizona State Tax Commission*, 411 U.S. 164, 93 S. Ct. 1257 (1973).

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

I hereby affirm that to the best of my knowledge, the above statement is true and correct.

\_\_\_\_\_  
(Employer)

NOTE: Arizona exempts Native Americans from Arizona's withholding requirements if the individual is living and employed on a reservation, and he or she is an affiliated and enrolled member of the tribe for which that reservation was established.

Employee - File two copies of this certificate with your employer.

Employer - Submit one copy with your next Form A1-QRT, *Arizona Quarterly Withholding Tax Return*, to be filed with the Department of Revenue. Retain one copy for your records.