



STATE OF ARKANSAS Employee's Special Withholding Exemption Certificate

Print full name _____ Social Security Number _____

Print home address _____ City _____ State _____ Zip _____

<p>Employee: File this form with your employer to exempt your earnings from State income tax withholding.</p> <p>Employer: Keep this certificate with your records.</p>	<p style="text-align: center;">CHECK THE APPLICABLE BLOCK:</p> <p><input type="checkbox"/> I am single and my gross income from all sources will not exceed \$14,643.00.</p> <p><input type="checkbox"/> I am married filing jointly with my spouse, have 1 or less dependents, <u>and</u> our combined gross income from all sources will not exceed \$24,695.00.</p> <p><input type="checkbox"/> I am married filing jointly with my spouse, have 2 or more dependents, <u>and</u> our combined gross income from all sources will not exceed \$29,722.00.</p> <p><input type="checkbox"/> 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 \$20,820.00.</p> <p><input type="checkbox"/> 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 \$24,818.00.</p>
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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: _____