FORM AR4EC(TX)

State of Arkansas

Texarkana Employee's Withholding Exemption Certificate

Employee Full Name _____ SSN _____

Employee Address _____ City _____ State _____ Zip _____

If Texarkana Exemption is Claimed for Arkansas Income Tax Withholding, Check One of the Following:

Texarkana, ARKANSAS (resident within city limits only) ☐

Texarkana, TEXAS (resident within city limits only) ☐

The above information is correct as of this date: _____

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 within seven (7) days after the change occurs.

Signature _____ Date _____

INSTRUCTIONS FOR THE TEXARKANA EXEMPTION CERTIFICATE

Any employee who qualifies for the exemption should check the appropriate box then sign and date the form.

The place of physical residency should be placed in the employee address field. A post office box or route number is not acceptable.

It is the responsibility of the employee to notify the employer within seven (7) days after any change to the exemption claimed.

The completed certificate should be maintained by the employer.

The employer does not have the authority to cease withholding Arkansas Income Tax unless the employee qualifies for, and checks, one the exemptions above.

Employees exempt from Arkansas Withholding, who would be required to file a return without the exemption, must still file an Arkansas Individual Income Tax return.

If you have any questions regarding the Texarkana exemption please contact the Withholding Tax Department at 501-682-7290.

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