

# 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. This will 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, head of household** 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.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

(REV 11/99)