

# 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 **\$10,200**.

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 **\$17,200**.

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 **\$20,700**.

I am unmarried filing **Head of Household or a Qualifying Widow(er), and** my gross income from all sources will not exceed **\$14,500**.

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 \_\_\_\_\_