Arizona Form

Employee Withholding Exemption Certificate

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Type or print your Full Name			Your Social Security Number		
Home	Address – number and street or rural route				
City or	Town		State	ZIP Code	
	1 Native American Withholding Exemption		lara th		
	equest to have no Arizona income tax withheld from my I am a Native American — Enter your Tribal Census Nu	-			
2					
3	I am an enrolled member of the tribe for which that reso	ervation was establish	ned.		
4	4 All my services as an employee of, are performed within the boundaries of the reservation named above.				
	2 Nonresident Military Spouse Withholding Exer				
	equest to have no Arizona income tax withheld from my	wages because I dec	lare th	nat:	
1	1 I am the spouse of an active duty servicemember.				
2	2 Both my spouse and I are Arizona nonresidents. My state of residence is, (must be the same state).				
3	My active duty military spouse is in Arizona in compliar	nce with military order	S.		
 I am present in Arizona solely to be with my military spouse. My Military ID Number is: Date Issued: M.M.D.D.Y.Y.Y.Y. 					
	You must include a copy of your military spouse ID and y	your spouse's last Lea	ave an	d Earnings Statement (LES).	
	8 Nonresident Withholding Exemption				
□ I re	equest to have no Arizona income tax withheld from my	wages because I dec	lare th	nat:	
1	1 I am an Arizona nonresident, and I am a resident of: □ California □ Indiana □ Oregon □ Virginia				
2	2 I am allowed a tax credit against my Arizona taxes for taxes paid to the state checked above.				
Part	4 Termination				
	im notifying my employer that I no longer qualify for the pox, I terminate my exemption.	previously-claimed wi	thhold	ing exemption. By checking this	
Part					
	EMPLOYEE			IPLOYER	
	penalty of perjury, I certify that I am entitled to the exemption from olding as claimed above.	and confirm that if the emp	loyee is	required to be submitted with this reques claiming the exemption under Part 1, tha nent is located on the reservation named	

EMPLOYEE'S SIGNATURE	DATE	EMPLOYER'S SIGNATURE	DATE
Give the completed form and any required documenta		Keep the completed form and any documentation for do not mail this form to the department unless you	