Arizona Form

Employee Withholding Exemption Certificate

Type or print your Full Name			Your Social Security Number	
Home A	ddress – number and street or rural route			
City or Town			State	ZIP Code
Part 1 Native American Withholding Exemption				
1 I am a Native American — Enter your Tribal Census Number:				
3	3 I am an enrolled member of the tribe for which that reservation was established.			
	4 All my services as an employee of, are performed within the boundaries of the reservation named above.			
Part 2 Nonresident Military Spouse Withholding Exemption				
☐ I request to have no Arizona income tax withheld from my wages because I declare that:				
1	1 I am the spouse of an active duty servicemember.			
	2 Both my spouse and I are Arizona nonresidents. My state of residence is, (must be the same state). and my military spouse's state of residence is, (must be the same state).			
3	My active duty military spouse is in Arizona in compliance with military orders.			
	am present in Arizona solely to be with my military spouse. /y 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 your spouse's last Leave and Earnings Statement (LES).				
Part 3 Nonresident Withholding Exemption				
☐ I request to have no Arizona income tax withheld from my wages because I declare that:				
	1 I am an Arizona nonresident, and I am a resident of: □ California □ Indiana □ Oregon □ Virginia			
2 I am allowed a tax credit against my Arizona taxes for taxes paid to the state checked above.				
Part 4 Termination				
I am notifying my employer that I no longer qualify for the previously-claimed withholding exemption. By checking this box, I terminate my exemption.				
Part 5 Signatures				
	EMPLOYEE			PLOYER
	penalty of perjury, I certify that I am entitled to the exemption from ding as claimed above.	and confirm that if the em	ployee is	required to be submitted with this request claiming the exemption under Part 1, that nent is located on the reservation named

 EMPLOYEE'S SIGNATURE
 DATE
 EMPLOYER'S SIGNATURE
 DATE

 Give the completed form and any required documentation to your employer.
 Keep the completed form and any documentation for your records. Please do not mail this form to the department unless you are asked to do so.