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			
Part 1 Native American Withholding Exemption					
☐ I request to have no Arizona income tax withheld from my wages because I declare that:					
	1 I am a Native American — Enter your Tribal Census Number:				
2 I reside on the	, Indian Reservation.				
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					
□ I request to have no Arizona income tax withheld from	my wages because I declare	that:			
1 I am the spouse of an active duty servicemember.	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).					
3 My active duty military spouse is in Arizona in compliance with military orders.					
4 I am present in Arizona solely to be with my military spouse. My Military ID Number is:Date Issued: MMDDDYYYYYY					
You must include a copy of your military spouse ID a	nd 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 box, I terminate my exemption.	the previously-claimed withho	olding exemption. By checking this			
Part 5 Signatures EMPLOYEE		EMPLOYER			
	from I have reviewed all documentat and confirm that if the employe	I have reviewed all documentation required to be submitted with this request and confirm that if the employee is claiming the exemption under Part 1, that the employee's place of employment 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	