## **Employee Withholding Exemption Certificate**

Type or print your Full Name  Your Social Home Address – number and street or rural route  City or Town  State ZIP Code	al Security Number
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:	
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.	1
Part 2 Nonresident Military Spouse Withholding Exemption	
☐ 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.	
2 Both my spouse and I are Arizona nonresidents. My state of residence is (must and my military spouse's state of residence is (must be a many military spouse).	st 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:	<u>(, Y.</u>
You must include a copy of your military spouse ID and your spouse's last Leave and Earning	
	, , , , , , , , , , , , , , , , , , ,
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	
<b>y</b>	
2 I am allowed a tax credit against my Arizona taxes for taxes paid to the state checked above	<b>).</b>
Part 4 Termination	
☐ I am notifying my employer that I no longer qualify for the previously-claimed withholding exemplox, I terminate my exemption.	otion. By checking this
Part 5 Signatures	
EMPLOYEE EMPLOYER	
Under penalty of perjury, I certify that I am entitled to the exemption from withholding as claimed above.  I have reviewed all documentation required to I and confirm that if the employee is claiming the the employee's place of employment is located.	e exemption under Part 1, that
in Part 1.	
	DATE