

## **Employee Withholding Exemption Certificate**

Type or print your Full Name				Your Social Security Number	
				1001 2330. 2330,	
Home	Address – number and street or rural route (PHYSICAL ADDRESS OF RES	IDENCE)			
City o	or Town	-	State	ZIP Code	
Part	1 Native American Withholding Exemption				
□Ir	request to have no Arizona income tax withheld from my	wages because I dec	lare th	at:	
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	, , , , , , , , , , , , , , , , , , , ,				
	the boundaries of the reservation named above.				
Part	, , , , , , , , , , , , , , , , , , ,				
☐ 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 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 spo My Military ID Number is:		LMID.	.D <sub>1</sub> Y,Y,Y,Y <sub>1</sub>	
	You must include a copy of your military spouse ID and y	your spouse's last Lea	ave and	d Earnings Statement (LES).	
Part	3 Nonresident Withholding Exemption				
	request to have no Arizona income tax withheld from my	wages because I dec	lare th	at:	
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				
	am notifying my employer that I no longer qualify for the pox, I terminate my exemption.	previously-claimed wi	thholdi	ing exemption. By checking this	
Part		•			
Lindo	EMPLOYEE	de de com		IPLOYER	
	r penalty of perjury, I certify that I am entitled to the exemption from olding as claimed above.	and confirm that if the emp	oloyee is	required to be submitted with this request s claiming the exemption under Part 1, that nent is located on the reservation named	
EMPL	OYEE'S SIGNATURE DATE	EMPLOYER'S SIGNATURE			
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.			