

STATE OF ARKANSAS

AR4ECSP

Employee's Special Withholding Exemption Certificate

Employee's Full Name \_\_\_\_\_ SSN \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Employee:** File this form with your employer.  
This will exempt your earnings from State  
income tax withholding.

**Employer:** Keep this certificate with your records.

**CHECK THE APPLICABLE BLOCK:**

- I am single and my gross income from all sources will not exceed \$7,800.
- I am married and jointly filing with my spouse and our combined gross income from all sources will not exceed \$15,500.
- I am Unmarried Head of Household and my gross income from all sources will not exceed \$12,100.

*Under penalty of perjury, I certify that the above information is true and if there is any change in my status, I will notify my employer immediately.*

DATE \_\_\_\_\_, 19 \_\_\_\_\_ **SIGNED** \_\_\_\_\_

AR4SCSP (10/99)