



STATE OF ARKANSAS
Military Employee's
Withholding Exemption Certificate

First and Last Name	Social Security Number	
Mailing Address		
City, State, and Zip Code		
<p>I, _____, declare that the service pay or allowance I receive as an active duty member of the United States Armed Services is exempt from Arkansas withholding in accordance with Act 1408 of 2013.</p> <p>Military Employee: File this form with your employer. Otherwise, your employer must withhold state income tax from your wages.</p> <p>Employer: Keep this certificate with your records.</p>		
_____ Signature	_____ Date	_____ Daytime Phone Number
<p>Under penalties of perjury, I declare that I have examined this form and to the best of my knowledge and belief, the information is true, correct and complete.</p>		