Arizona Form **WEC**

Employee Withholding Exemption Certificate

2024

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 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 _____ and my military spouse's 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: M M D D Y Y Y Y

You must include a copy of your military spouse ID and 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 the previously-claimed withholding exemption. By checking this box, I terminate my exemption.

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 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 in Part 1.
EMPLOYEE'S SIGNATURE _____ DATE _____	EMPLOYER'S SIGNATURE _____ DATE _____
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.**

Print Form