ARIZONA FORM

Employee's Arizona Withholding Percentage Election

A-4 Percentage Election			
Type or print you	ur full name	Your social security number	
Home address (number and street or rural route)			
City or town, state, and ZIP code			
Arizona Withholding Percentage Election Options			
Choose only one:			
	annual compensation is \$15,000 or more. I choose to have Arizona withholding at the rate of neck only one box): 19% 23% 25% 31% 33% of the fede	ral tax withheld.	
	annual compensation is less than \$15,000. I choose to have Arizona withholding at the rate of neck only one box): 10% 19% 23% 25% 31% 37	% of the federal tax withheld.	
• I ha	 I hereby elect an Arizona withholding percentage of zero, and I certify that I meet BOTH of the following qualifying conditions for this election: I had NO Arizona tax liability for the prior taxable year, AND I expect to have NO Arizona tax liability for the current taxable year. 		
I certify that I have	ve made the percentage election marked above.		
SIGNATURE		DATE	
ARIZONA FORM Employee's Arizona Withholding A-4 Percentage Election			
Type or print you	ur full name	Your social security number	
Home address (number and street or rural route)			
City or town, stat	ite, and ZIP code		
Arizona Withholding Percentage Election Options Choose only one:			
•	My annual compensation is \$15,000 or more. I choose to have Arizona withholding at the rate of (check only one box): ☐ 19% ☐ 23% ☐ 25% ☐ 31% ☐ 37% of the federal tax withheld.		
	 My annual compensation is less than \$15,000. I choose to have Arizona withholding at the rate of (check only one box): □ 10% □ 19% □ 23% □ 25% □ 31% □ 37% of the federal tax withheld. 		
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DATE

SIGNATURE