

**ARIZONA FORM
A-4**

**Employee's Arizona Withholding
Percentage Election**

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|---|-----------------------------|
| Type or print your 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:

- 1 My annual compensation is \$15,000 or more. I choose to have Arizona withholding at the rate of
(check only one box): 21.9% 26.5% 28.8% 35.7% 42.6% of the federal tax withheld.
- 2 My annual compensation is less than \$15,000. I choose to have Arizona withholding at the rate of
(check only one box): 11.5% 21.9% 26.5% 28.8% 35.7% 42.6% of the federal tax withheld.
- 3 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 made the percentage election marked above. | |
| _____ SIGNATURE | _____ DATE |