Arizona Form A-4, Employee's Arizona Withholding Percentage Election

ARIZONA FORM
A-4

Employee's Arizona Withholding Percentage Election

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): ☐ 19% ☐ 23% ☐ 25% ☐ 31% ☐ 37% 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): ☐ 10% ☐ 19% ☐ 23% ☐ 25% ☐ 31% ☐ 37% 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 _____

ADOR 91-0041 (04)