



Pennsylvania Residents Only

RESIDENCY CERTIFICATION FORM Local Earned Income Tax Withholding

TO EMPLOYERS/TAXPAYERS:

This form is to be used by employers and/or taxpayers to report essential information for the collection and distribution of Local Earned Income Taxes. This form must be utilized by employers when a new employee is hired or when a current employee notifies employer of a name and/or address change.

EMPLOYEE INFORMATION - RESIDENCE LOCATION			
NAME (Last Name, First Name, Middle Initial)		SOCIAL SECURITY NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
STREET ADDRESS (No PO Box, RD or RR)			
SECOND LINE OF ADDRESS			
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER
MUNICIPALITY (City, Borough or Township)			
COUNTY	RESIDENT PSD CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	TOTAL RESIDENT EIT RATE	

EMPLOYER INFORMATION - EMPLOYMENT LOCATION			
EMPLOYER BUSINESS NAME (Use Federal ID Name)		EMPLOYER FEIN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR)			
SECOND LINE OF ADDRESS			
CITY	STATE	ZIP CODE	PHONE NUMBER
MUNICIPALITY (City, Borough or Township)			
COUNTY	WORK LOCATION PSD CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	WORK LOCATION NON-RESIDENT EIT RATE	

CERTIFICATION	
Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying schedules and statements and to the best of my (our) belief, they are true, correct and complete.	
SIGNATURE OF EMPLOYEE	DATE (MM/DD/YYYY)
PHONE NUMBER	EMAIL ADDRESS

For information on obtaining the appropriate MUNICIPALITY (City, Borough, Township), PSD CODES and EIT (Earned Income Tax) RATES, please refer to the Pennsylvania Department of Community & Economic Development website:

www.newPA.com

**** Texas A&M *TEXARKANA* Employees ****

Please review the following Texarkana Withholding Rules and complete one of the AR4EC withholding forms.



STATE OF ARKANSAS
**Department of Finance
and Administration**

**REVENUE DIVISION
Individual Income Tax
Withholding Branch**
7th and Wolfe Streets, Room 1362
Post Office Box 8055
Little Rock, Arkansas 72203-8055
Phone: (501) 682-7290
Fax: (501) 683-1036
<http://www.state.ar.us/dfa>

Texarkana Withholding Exemption Rules

This is a brief explanation of the rules concerning the taxability of income earned from Arkansas sources while a resident of Texarkana, Arkansas or Texarkana, Texas. This exemption only applies if the taxpayer is living within the city limits of Texarkana, Arkansas or Texarkana, Texas. The exemption does not apply if the taxpayer lives on a rural route or in a town in the surrounding area of Texarkana. This supersedes any previous withholding rules. Any questions should be referred to the Arkansas Withholding Branch.

Texarkana, Arkansas Residents

Arkansas residents whose permanent residence is within the city limits of Texarkana, Arkansas are exempt from Arkansas individual income taxes. All income received is exempt while the taxpayer is a resident of Texarkana, Arkansas. The taxpayer is required to file an Arkansas Individual Income Tax Return and submit all appropriate W-2's and schedules to support the income and deductions. The form AR-TX is also submitted with the tax return which reports the exempt amount of wages earned from a particular employer.

Arkansas employers are not required to withhold Arkansas taxes on these employees as long as a form AR-TX is completed stating that the employee actually lives within the city limits of Texarkana, Arkansas and reports the amount of exempt wages. **This form is completed by the employer** and given to the employee to be filed with the Arkansas individual income tax return. A copy is also sent to the State Withholding Branch along with the state's copy of W-2's.

Arkansas employers are required to withhold Arkansas taxes if the employee moves from Texarkana, Arkansas. The form AR-TX will then report only the exempt amount of wages (Those earned while a resident of Texarkana, Arkansas)

Texarkana, Texas Residents

Texas residents whose permanent residence is within the city limits of Texarkana, Texas are exempt from Arkansas individual income taxes on income earned from businesses in Texarkana, Arkansas only. This is the only income that is exempt. Any income received from any other sources in Arkansas is fully taxable. The taxpayer is required to file an Arkansas Individual Income Tax Return and submit all appropriate W-2's and schedules to support the income and deductions. The form AR-TX is also submitted with the tax return which reports the exempt amount of wages earned from a particular employer.

Texarkana, Arkansas employers are not required to withhold Arkansas taxes on these employees as long as a form AR-TX is completed stating that the employee actually lives within the city limits of Texarkana, Texas and reports the amount of exempt wages.

This form is completed by the employer and given to the employee to be filed with the Arkansas individual income tax return. A copy is also sent to the State Withholding Branch along with the State's copy of W-2's.

Non-Texarkana, Arkansas employers must withhold Arkansas taxes on employees regardless of the fact that they live in Texarkana, Texas.

“EQUAL OPPORTUNITY EMPLOYER”

State of Arkansas

Texarkana Employee's Withholding Exemption Certificate

Employee Full Name _____ SSN _____

Employee Address _____ City _____ State _____ Zip _____

If Texarkana Exmption is Claimed for Arkansas Income Tax Withholding, Check One of the Following:

Texarkana, ARKANSAS (resident within city limits only)

Texarkana, TEXAS (resident within city limits only)

The above information is correct as of this date: _____

Under penalty of perjury, I certify that the above information is true and if there is a change in my status, I will notify my employer within seven (7) days after the change occurs.

Signature _____ Date _____

INSTRUCTIONS FOR THE TEXARKANA EXEMPTION CERTIFICATE

Any employee who qualifies for the exemption should check the appropriate box then sign and date the form.

The place of physical residency should be placed in the employee address field. A post office box or route number is not acceptable.

It is the responsibility of the employee to notify the employer within seven (7) days after any change to the exemption claimed.

The completed certificate should be maintained by the employer.

The employer does not have the authority to cease withholding Arkansas Income Tax unless the employee qualifies for, and checks, one the exemptions above.

Employees exempt from Arkansas Withholding, who would be required to file a return without the exemption, must still file an Arkansas Individual Income Tax return.

If you have any questions regarding the Texarkana exemption please contact the Withholding Tax Department at 501-682-7290.

STATE OF ARKANSAS Employee's Withholding Exemption Certificate



Print Full Name _____ Social Security Number _____

Print Home Address _____ City _____ State _____ Zip _____

	How to Claim Your Withholding <i>See instructions below</i>	Number of Exemptions Claimed
<p>Employee: File this form with your employer. Otherwise, your employer must withhold state income tax from your wages without exemptions or dependents.</p> <p>Employer: Keep this certificate with your records.</p>	<p>1. CHECK ONE OF THE FOLLOWING FOR EXEMPTIONS CLAIMED</p> <p>a. <input type="checkbox"/> You claim yourself. <i>(Enter one exemption)</i> 1a</p> <p>b. <input type="checkbox"/> You claim yourself and your spouse. <i>(Enter two exemptions)</i> 1b</p> <p>c. <input type="checkbox"/> Head of Household, and you claim yourself. <i>(Enter two exemptions)</i> 1c</p>	
	<p>2. NUMBER OF CHILDREN or DEPENDENTS. <i>(Enter one exemption per dependent)</i> 2</p>	
	<p>3. TOTAL EXEMPTIONS. <i>(Add Lines 1a, b, c, and 2)</i> If no exemptions or dependents are claimed, enter zero..... 3</p>	
	<p>4. Additional amount, if any, you want deducted from each paycheck. <i>(Enter dollar amount)</i> 4</p>	
	<p>5. I qualify for the low income tax rates. <i>(See below for details)</i>..... 5 Please check filing status: <input type="checkbox"/> Single <input type="checkbox"/> Married Filing Jointly <input type="checkbox"/> Head of Household</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

I certify that the number of exemptions and dependents claimed on this certificate does not exceed the number to which I am entitled.

Signature: _____ Date: _____

Instructions

TYPES OF INCOME - This form can be used for withholding on all types of income, including pensions and annuities.

NUMBER OF EXEMPTIONS – *(Husband and/or Wife)* Do not claim more than the correct number of exemptions. However, if you expect to owe more income tax for the year, you may increase your withholding by claiming a smaller number of exemptions and/or dependents, or you may enter into an agreement with your employer to have additional amounts withheld. This is especially important if you have more than one employer, or if both husband and wife are employed.

DEPENDENTS – To qualify as your dependent *(line 2 of form)*, a person must (a) receive more than 1/2 of their support from you for the year, (b) not be claimed as a dependent by such person's spouse, (c) be a citizen or resident of the United States, and (d) have your home as their principal residence and be a member of your household for the entire year or be related to you as follows: son, daughter, grandchild, stepson, stepdaughter, son-in-law or daughter-in-law; your father, mother, grandparent, stepfather, stepmother, father-in-law or mother-in-law; your brother, sister, stepbrother, stepsister, half brother, half sister, brother-in-law or sister-in-law; your uncle, aunt, nephew or niece *(but only if related by blood)*.

CHANGES IN EXEMPTIONS OR DEPENDENTS – You may file a new certificate at any time if the number of exemptions or dependents INCREASES. You must file a new certificate within 10 days if the number of exemptions or dependents previously claimed by you DECREASES for any of the following reasons:

(a) Your spouse for whom you have been claiming an exemption is divorced or legally separated from you, or claims his or her own exemption on a separate certificate, **or**

(b) The support you provide to a dependent for whom you claimed an exemption is expected to be less than half of the total support for the year. OTHER DECREASES in exemptions or dependents, such as the death of a spouse or a dependent, does not affect your withholding until next year, but requires the filing of a new certificate by December 1 of the year in which they occur.

You may claim additional amounts of withholding tax if desired. This will apply most often when you have income other than wages.

You qualify for the low income tax rates if your **total** income from all sources is:

(a) Single	\$11,591 to \$15,200
(b) Married Filing Jointly (1 or less dependents)	\$19,547 to \$24,400
(c) Married Filing Jointly (2 or more dependents)	\$23,525 to \$30,400
(d) Head of Household/Qualifying Widow(er) (1 or less dependents)	\$16,479 to \$21,400
(e) Head of Household/Qualifying Widow(er) (2 or more dependents)	\$19,644 to \$24,200

For additional information consult your employer or write to:

Arkansas Withholding Tax Section
P. O. Box 8055
Little Rock, Arkansas 72203-8055

State of Arkansas Employees's Special Withholding Exemption Certificate

Employee's Full Name: _____ SSN: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Employee: File this form with your employer to exempt your earnings from State income tax withholding.
Employer: Keep this certificate for your records.

CHECK THE APPLICABLE BLOCK:

- I am **single and** my gross income from all sources will not exceed **\$11,412.00**.
- I am **married filing jointly** with my spouse, **have 1 or less dependents, and** our combined gross income from all sources will not exceed **\$19,244.00**
- I am **married filing jointly** with my spouse, **have 2 or more dependents, and** our combined gross income from all sources will not exceed **\$23,160.00**
- I am unmarried filing **Head of Household or a Qualifying Widow(er), have 1 or less dependents, and** my gross income from all sources will not exceed **\$16,224.00**
- I am unmarried filing **Head of Household or a Qualifying Widow(er), have 2 or more dependents, and** my gross income from all sources will not exceed **\$19,339.00**

Under penalty of perjury, I certify the above information is true and if there is a change in my status, I will notify my employer immediately.

Signature

Date