ARKANSAS STATE HIGHWAY EMPLOYEES' RETIREMENT SYSTEM

STATE OF ARKANSAS WITHHOLDING CERTIFICATE FOR ASHERS RETIREES

CHECK ONE ☐ Service Retirement ☐ DROP

Name _____ Social Security Number _____

Phone _____ E-mail _____

Complete 1, 2, or 3.

1. ☐ I do not want to have Arkansas Income Tax deducted from my pay.

2. ☐ I want to have Arkansas Income Tax withheld from pay based on the Status and Exemptions marked below.

STATUS CLAIMED (Check One)	**EXEMPTIONS CLAIMED**
☐ Single	☐ 1 for yourself
☐ Married	☐ 1 for your spouse
	_____ Total Exemptions Claimed

3. ☐ Please withhold $ _____ per month from my pay.

SIGNATURE _____ **DATE** _____