

**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): ☐ 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

ADOR 91-0041 (rev. 4/09)

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