

# Military Spouse Tax Withholding Allowance Certificate

**Purpose:** Use this certificate to claim exemption from state personal income tax withholding if you are a qualifying spouse of an active-duty military service member, pursuant to the Military Spouses Residency Relief Act (MSRRA).

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## Section 1: Employee (Military Spouse) Personal Information

First Name and Middle Initial	<input type="text"/>	Last Name	<input type="text"/>
Social Security Number	<input type="text"/>	Phone Number	<input type="text"/>
Home Address (Street Number and Name)	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
ZIP Code	<input type="text"/>	State of Legal Residence (Domicile)	<input type="text"/>

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## Section 2: Military Service Member (Sponsor) Information

Sponsor First Name and Middle Initial	<input type="text"/>	Sponsor Last Name	<input type="text"/>
Sponsor Social Security Number	<input type="text"/>	Sponsor State of Legal Residence	<input type="text"/>
Sponsor's Current Military Duty Station	<input type="text"/>	Duty Station State / Country	<input type="text"/>

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## Section 3: Certification of Exemption Qualifications

To qualify for the military spouse withholding exemption, you must certify that you meet all of the following criteria. Please type "YES" in each box below to confirm compliance:

1. I am currently married to a member of the Armed Forces of the United States.
  2. My service member spouse is present in this state in compliance with military orders.
  3. I am present in this state solely to be with my service member spouse.
  4. I maintain the same state of legal residence (domicile) as my service member spouse.
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## Section 4: Signature and Authorization

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete. I agree to notify my employer immediately of any change in my sponsoring spouse's military status or legal residence.

Employee Signature (Type Name to Sign)  Date (MM/DD/YYYY)

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## Section 5: Employer Information (For Office Use Only)

Employer Name	<input type="text"/>	Federal Employer Identification Number (FEIN)	<input type="text"/>
Contact Person Name	<input type="text"/>	Employer Phone Number	<input type="text"/>