



## STATE OF ARKANSAS Nonresident Military Personnel Exemption Form

Military members whose state of residence or domicile for tax purposes is a state other than Arkansas should file this form. This will ensure that our records indicate that you are a military member and not required to file Arkansas returns. (You do not need to fill out this form each year; this is a permanent exemption.)

### COMPLETE FORM AND SIGN

I, \_\_\_\_\_, as a member of the United States Armed Forces, declare that I am NOT a resident of the State of Arkansas and am a resident, for tax purposes, of another state under the Servicemembers Civil Relief Act (50 App. U.S.C. § 571). My state of residence/domicile for tax purposes is \_\_\_\_\_. This is reflected on my Leave and Earnings Statement and/or box 15 of my most recent Form W-2. **Attach documentation to support (i.e. LES or W-2).** (If Arkansas is listed in Box 15 of your W-2, Please do NOT use this form.)

Social security number: \_\_\_\_\_

Current mailing address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If in the future I establish residency in Arkansas or leave military service and remain in the State of Arkansas, I agree to timely file appropriate income tax returns as required by Arkansas law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime phone number

Under penalties of perjury, I declare that I have examined this form and to the best of my knowledge and belief, the information is true, correct and complete.

### Mail completed form to:

**ATTN: Military Exemption Form  
State of Arkansas  
PO Box 3628  
Little Rock, AR 72203**

### Instead of mailing form, you may email or fax it to:

**individual.income@dfa.arkansas.gov**

**(501) 682-7692**