



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