

Arizona Department of Revenue STATEMENT OF EXEMPTIONS 2022

PO BOX 29070 • PHOENIX, AZ 85038-9070

EMPLOYEE			EMPLOYER							
Employee Full Name			Business Name, "doing business as"							
Address – number and street			Address – number and street							
City, Town or Post Office	State	ZIP Code	City, Town or Post Office	State	ZIP Code					
SSN			Phone Number							

To: Employer

Under the provisions of A.R.S. § 42-1204, the department allows a certain amount to be exempted from levy. Before such an exemption is granted, the following statement must be completed and signed by the person claiming the exemption. If the statement is not completed by the employee, the exemption status will default to "single — zero exemption". Please return the executed original using the enclosed envelope. See instructions below and on reverse.

To: Employee

The following statement must be completed and signed in order to claim an exemption from levy. If the statement is not completed by you, your exemption status will default to "single — zero exemption".

A "Notice of Levy on Wages, Salary, and other Income" was served on my income. To assist in figuring the amount of my income that is exempt from the levy, I certify that I am entitled to the exemptions below.

Taxpayer:	Additional Deductions		Check if over 65 years old. Check if blind
Taxpayer's Spouse:	Additional Deductions	_	Check if over 65 years old. Check if blind

I certify that I can claim the people named below as personal exemptions on my income tax return. No one listed is my minor child to whom (as required by court or administrative order) I make support payments that are already exempt from levy. I understand that the information I have provided may be verified. Under penalties of law, I declare that this statement of exemptions and filing status is true.

dent's Name (last, first, initial)	Relationship	
	dent's Name (last, first, initial)	dent's Name (last, first, initial) Relationship

Signature

Date

INSTRUCTIONS TO COMPUTE AMOUNT EXEMPT FROM LEVY

To compute the amount exempt from levy, add the total of names entered above, including yours and your spouse's, and then, in Table A. on the reverse, find the filing status which matches your current income tax filing status. Using that table, find the number of exemptions and the frequency of your paydays, and use that amount as your exemption unless you and / or your spouse are over age 65 and / or blind. If so, you may claim an additional exemption. To compute that additional exemption, Use Table B on the reverse, and match your filing status, your number of additional deductions checked above, and the frequency of your payday. Add that amount to the amount computed in Table A to get your total exemption. See reverse for examples. **Note:** The amount exempt from levy may change annually. If it does and this levy remains in force next year, filing a new Statement of Exemptions will allow your employer to use the new year's exemption table. To obtain a new form, phone the contact number on the contact number on the face of the levy form.

ADOR 10834 (1/22)

1. Tables for Figuring Amount Exempt from Levy on Wages, Salary, and Other Income (Forms 668-W(ACS) and 668-W(ICS)) The tables below show the amount of an individual's income (take home pay) that is exempt from a notice of levy used to collect delinquent tax in 2022.

				Filing S	Status: Sin	gle			Filing St	atus: Marr	ied Filing J	oint Returr	n (and Qua	lifying Wido	w(er)s)
Pay	Number of Dependents Claimed on Statement						Pay Number of Dependents Claimed on Statement							nt	
Period	0	1	2	3	4	5	More Than 5	Period	0	1	2	3	4	5	More Than 5
Daily	49.81	66.73	83.65	100.57	117.49	134.41	49.81 plus 16.92 for each dependent	Daily	99.62	116.54	133.46	150.38	167.30	184.22	99.62 plus 16.92 for each dependent
Weekly	249.04	333.66	418.28	502.90	587.52	672.14	249.04 plus 84.62 for each dependent	Weekly	498.08	582.70	667.32	751.94	836.56	921.18	498.08 plus 84.62 for each dependent
Biweekly	498.08	667.31	836.54	1005.77	1175.00	1344.23	498.08 plus 169.23 for each dependent	Biweekly	996.15	1165.38	1334.61	1503.84	1673.07	1842.30	996.15 plus 169.23 fo each dependent
Semimonthly	539.58	722.91	906.24	1089.57	1272.90	1456.23	539.58 plus 183.33 for each dependent	Semimonthly	1079.17	1262.50	1445.83	1629.16	1812.49	1995.82	1079.17 plus 183.33 for each dependent
Monthly	1079.17	1445.84	1812.51	2179.18	2545.85	2912.52	1079.17 plus 366.67 for each dependent	Monthly	2158.33	2525.00	2891.67	3258.34	3625.01	3991.68	2158.33 plus 366.67 for each dependent
Filing Status: Head of Household							Filing Status: Married Filing Separate Return								
Pay	Number of Dependents Claimed on Statement						Pay	Number of Dependents Claimed on Statement							
Period	0	1	2	3	4	5	More Than 5	Period	0	1	2	3	4	5	More Than 5
Daily	74.62	91.54	108.46	125.38	142.30	159.22	74.62 plus 16.92 for each dependent	Daily	49.81	66.73	83.65	100.57	117.49	134.41	49.81 plus 16.92 for each dependent
Weekly	373.08	457.70	542.32	626.94	711.56	796.18	373.08 plus 84.62 for each dependent	Weekly	249.04	333.66	418.28	502.90	587.52	672.14	249.04 plus 84.62 for each dependent
Biweekly	746.15	915.38	1084.61	1253.84	1423.07	1592.30	746.15 plus 169.23 for each dependent	Biweekly	498.08	667.31	836.54	1005.77	1175.00	1344.23	498.08 plus 169.23 fo each dependent
Semimonthly	808.33	991.66	1174.99	1358.32	1541.65	1724.98	808.33 plus 183.33 for each dependent	Semimonthly	539.58	722.91	906.24	1089.57	1272.90	1456.23	539.58 plus 183.33 fo each dependent
Monthly	1616.67	1983.34	2350.01	2716.68	3083.35	3450.02	1616.67 plus 366.67 for each dependent	Monthly	1079.17	1445.84	1812.51	2179.18	2545.85	2912.52	1079.17 plus 366.67 for each dependent
2. Table for Figu	•	•	Amount for	Taxpayers							I	Examples			
at Least 65 Ye	ars Old an	d/or Blind						These tables show the amount of take home pay that is exempt each pay period from a levy on wages,							
				Additio	nal Exempt A	mount		salary, and other income.							
Filing Status	*	Daily	Wee	kly	Biweekly	Semi-m	onthly Monthly	1. A single tax	payer who is	paid weekl	y and claims	s three depe	endents ha	s \$502.90 ex	empt from levy.
Single or Head o	f 1	6.73	33.	65	67.31	72.	92 145.83	2. If the taxpa	axpayer in number 1 is over 65 and writes 1 in the ADDITIONAL STANDARD DEDUCTION						DEDUCTION
Household	2	13.46	67.3	31	134.62	145	83 291.67	space on P	arts 3, 4, & 5	of the levy,	\$536.55 is	exempt fror	n this levy	(\$502.90 plu	s \$33.65).
Any Other	1	5.38	26.9	92	53.85	58.	33 116.67	3. A taxpayer	3. A taxpayer who is married, files jointly, is paid bi-weekly, and claims two dependents has \$1,334.61						ts has \$1,334.61
	2	10.77	53.	85	107.69	116	.67 233.33	exempt from levy.							
Filing Status	3	16.15	80.	77	161.54	175	.00 350.00	4. if the taxpayer in number 3 is over 65 and has a spouse who is blind, this taxpayer should write							
	4	21.54	107.	.69	215.38	233	.33 466.67	2 in the ADDITIONAL STANDARD DEDUCTION space on Parts 3,4, and 5 of the levy. If so,							
* ADDITIONAL STANDARD DEDUCTION claimed on Parts 3,4, and 5 of levy.								\$1,442.30 is exempt from this levy (\$1,334.61 plus \$107.69).							
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