



Arizona Department of Revenue
STATEMENT OF EXEMPTIONS 2025

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 ☐ Check if over 65 years old.
Deductions ☐ Check if blind

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

Dependent's Name (last, first, initial)	Relationship
1	
2	
3	
4	
5	
6	

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.

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 2025.

2025

Filing Status: Single								Filing Status: Married Filing Joint Return (and Qualifying Widow(er)s)							
Pay Period	Number of Dependents Claimed on Statement							Pay Period	Number of Dependents Claimed on Statement						
	0	1	2	3	4	5	More Than 5		0	1	2	3	4	5	More Than 5
Daily	57.69	77.31	96.93	116.55	136.17	155.79	57.69 plus 19.62 for each dependent	Daily	115.38	135.00	154.62	174.24	193.86	213.48	115.38 plus 19.62 for each dependent
Weekly	288.46	386.54	484.62	582.70	680.78	778.86	288.46 plus 98.08 for each dependent	Weekly	576.92	675.00	773.08	871.16	969.24	1067.32	576.92 plus 98.08 for each dependent
Biweekly	576.92	773.07	969.22	1165.37	1361.52	1557.67	576.92 plus 196.15 for each dependent	Biweekly	1153.85	1350.00	1546.15	1742.30	1938.45	2134.60	1153.85 plus 196.15 for each dependent
Semimonthly	625.00	837.50	1050.00	1262.50	1475.00	1687.50	625.00 plus 212.50 for each dependent	Semimonthly	1250.00	1462.50	1675.00	1887.50	2100.00	2312.50	1250.00 plus 212.50 for each dependent
Monthly	1250.00	1675.00	2100.00	2525.00	2950.00	3375.00	1250.00 plus 425.00 for each dependent	Monthly	2500.00	2925.00	3350.00	3775.00	4200.00	4625.00	2500.00 plus 425.00 for each dependent

Filing Status: Head of Household								Filing Status: Married Filing Separate Return							
Pay Period	Number of Dependents Claimed on Statement							Pay Period	Number of Dependents Claimed on Statement						
	0	1	2	3	4	5	More Than 5		0	1	2	3	4	5	More Than 5
Daily	86.54	106.16	125.78	145.40	165.02	184.64	86.54 plus 19.62 for each dependent	Daily	57.69	77.31	96.93	116.55	136.17	155.79	57.69 plus 19.62 for each dependent
Weekly	432.69	530.77	628.85	726.93	825.01	923.09	432.69 plus 98.08 for each dependent	Weekly	288.46	386.54	484.62	582.70	680.78	778.86	288.46 plus 98.08 for each dependent
Biweekly	865.38	1061.53	1257.68	1453.83	1649.98	1846.13	865.38 plus 196.15 for each dependent	Biweekly	576.92	773.07	969.22	1165.37	1361.52	1557.67	576.92 plus 196.15 for each dependent
Semimonthly	937.50	1150.00	1362.50	1575.00	1787.50	2000.00	937.50 plus 212.50 for each dependent	Semimonthly	625.00	837.50	1050.00	1262.50	1475.00	1687.50	625.00 plus 212.50 for each dependent
Monthly	1875.00	2300.00	2725.00	3150.00	3575.00	4000.00	1875.00 plus 425.00 for each dependent	Monthly	1250.00	1675.00	2100.00	2525.00	2950.00	3375.00	1250.00 plus 425.00 for each dependent

2. Table for Figuring Additional Exempt Amount for Taxpayers at Least 65 Years Old and/or Blind								Examples							
Filing Status	*	Additional Exempt Amount						These tables show the amount of take home pay that is exempt each pay period from a levy on wages, salary, and other income. 1. A single taxpayer who is paid weekly and claims three dependents has \$582.70 exempt from levy. 2. If the taxpayer in number 1 is over 65 and writes 1 in the ADDITIONAL STANDARD DEDUCTION space on Parts 3, 4, & 5 of the levy, \$621.16 is exempt from this levy (\$582.70 plus \$38.46). 3. A taxpayer who is married, files jointly, is paid bi-weekly, and claims two dependents has \$1,546.15 exempt from levy. 4. if the taxpayer in number 3 is over 65 and has a spouse who is blind, this taxpayer should write 2 in the ADDITIONAL STANDARD DEDUCTION space on Parts 3,4, and 5 of the levy. If so, \$1,669.23 is exempt from this levy (\$1,546.15 plus \$123.08).							
		Daily	Weekly	Biweekly	Semi-monthly	Monthly									
Single or Head of Household	1	7.69	38.46	76.92	83.33	166.67									
	2	15.38	76.92	153.85	166.67	333.33									
Any Other Filing Status	1	6.15	30.77	61.54	66.67	133.33									
	2	12.31	61.54	123.08	133.33	266.67									
	3	18.46	92.31	184.62	200.00	400.00									
	4	24.62	123.08	246.15	266.67	533.33									
* ADDITIONAL STANDARD DEDUCTION claimed on Parts 3,4, and 5 of levy.															