NATIVE AMERICAN STATE INCOME TAX WITHHOLDING EXEMPTION CERTIFICATE

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. 5517, Withholding State income taxes.

PRINCIPAL PURPOSE(S): To enable a Native American service member to stop State income tax withholding from military compensation.

ROUTINE USE(S): The information obtained will become part of the military pay system of the service concerned and may be disclosed as stated in the applicable system of records noticed, T7344, Defense Joint Military Pay System - Reserve Xomponent; T7340, Defense Joint Military Pay System - Active Component; and M01040-3, Marine Corps Manpower Management Information System Records, located at http://dpcld.defense.gov/Privacy/SORNsIndex/DOD-Component-Notices/

DISCLOSURE: Voluntary; however, failure to complete this form will result in withholding of State income taxes from your pay.

		the taxes north your	pay.
1. NAME (Last, First, Middle Initial)			2. DOD ID NUMBER
3. MILITARY ADDRESS (Unit, Street, City,	State Zin Code)		
4. CURRENT MAILING ADDRESS (Unit, S	treet, City, State, Zip Code)		
5. NAME OF FEDERALLY RECOGNIZED	TRIBE THAT YOU ARE A MEMBER OF		
6. NAME OF FEDERALLY RECOGNIZED State the reservation is located within)	TRIBAL RESERVATION OR INDIAN COUNTRY THAT YO	OU CLAIM AS YOU	R DOMICILE (Include the name of the
7. I CERTIFY THAT I ANTICIPATE MEE	ETING THE TWO CONDITIONS NECESSARY TO BE EXI	EMPT FROM WITH	HOLDING FOR
THE CALENDER YEAR	. I ALSO DECLARE THAT I WILL IMMEE	DIATELY NOTIFY T	HE FINANCE OFFICER
OF ANY CHANGES THAT AFFECT MY		-	
8. SIGNATURE OF APPLICANT			9. DATE (YYYYMMDD)
	INSTRUCTIONS		
Completing this certificate allows you to	claim exemption from State income tax withholding on you	ur military compensa	ation if you satisfy the following tests:
1. You claim as your State of legal resid	lency/domicile a federally recognized tribal reservation or Ir	ndian Country.	
2. You are an enrolled member of that fe	ederally recognized Native American tribe.		
	ers' and Sailors' Civil Relief Act provides that your tax hom me tax withholding on your military compensation.	e remains on the re	servation/in Indian country.
If you have any doubt with regard to you advice prior to completing this form.	ur State of legal residency/domicile, you are advised to see	your Legal Assista	nce Officer (JAG representative) for
Effective date of exemption election. Withholding of State income tax will stop the month after the month in which you file this certificate. DFAS cannot make retroactive adjustments.			