

Please do not mail this form to the Arizona Department of Revenue. Provide it to your employer.
Employee's Address – Number and street or PO Box
Employee's City, State and ZIP Code
Date

TO:

Employer's (Company) Name
Employer's Address – Number and street or PO Box
Employer's City, State and ZIP Code

At my employer's option, I request that my withholding be reduced in accordance with Arizona Revised Statutes (A.R.S.) § 43-401(G) and that quarterly payments be made on my behalf to the following charity(ies), school(s), and school tuition organization(s) [entity]:

ENTITY 1	Entity Name			Employer Identification No. (if known)
	Entity Street Address			Phone No. (with area code)
	Entity City	State	ZIP Code	Annual Amount:
ENTITY 2	Entity Name			Employer Identification No. (if known)
	Entity Street Address			Phone No. (with area code)
	Entity City	State	ZIP Code	Annual Amount:
ENTITY 3	Entity Name			Employer Identification No. (if known)
	Entity Street Address			Phone No. (with area code)
	Entity City	State	ZIP Code	Annual Amount:

If this box is checked, additional entities are designated on an additional sheet.

I qualify for and am entitled to this amount of credit (\$_____00) for 2016 under A.R.S. §§ 43-1088, 43-1089, 43-1089.01 and/or 43-1089.03. Refer to the instructions for Arizona Forms 321, 322, 323 and/or 348 for credit limits.

EMPLOYEE'S SIGNATURE _____

DATE _____

PRINT NAME _____

FOR EMPLOYER USE ONLY			
<input type="checkbox"/> Approved by:			Date
Total Contribution \$	Pay Periods	Current Withholding \$	Amount Per Pay Period (not more than current): \$
<input type="checkbox"/> Denied – Indicate reason:			Employee Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No

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