

Arizona Department of Revenue  
 PO Box 29009 - Phoenix AZ 85038-9009

CHECK BOX IF:		82A	82B
<input checked="" type="checkbox"/>	Return filed under extension.	30 day <input type="checkbox"/>	60 day <input type="checkbox"/>
REVENUE USE ONLY. DO NOT MARK IN THIS AREA.			
POSTMARK DATE			

Taxpayer Information

Name
Number and street or PO Box
City or town, state, and ZIP code
Business telephone number

Check box if:  Amended Return  Address Changed

For the calendar year 2010.  
 Due on or before February 28, 2011.

EIN:
Period End: <b>12/31/2010</b>

This Arizona Form A1-R is an information return. Do not submit any liability owed or try to claim refunds due with this return. To submit additional liability or claim a refund, file amended quarterly withholding tax Form(s) A1-QRT.

1. Total Arizona Tax Withheld per federal Forms W-2, W-2c, W-2G and 1099-R .....		00
2. Total wages paid to Arizona employees for 2010 .....		00
3. Number of Arizona employees in 2010.....		
4. Number of federal Forms W-2, W-2c, W-2G, and 1099-R submitted .....		
5. Information Return Penalty.....		00

Annual Summary of Amounts Reported on 2010 Arizona Forms A1-QRT

		Liability Reported
6.	1st quarter	00
7.	2nd quarter	00
8.	3rd quarter	00
9.	4th quarter	00
10.	Total annual withholding reported	00

Explain why an amended Form A1-R is being filed (attach additional sheet, if necessary):

Send return to: Arizona Department of Revenue, PO Box 29009, Phoenix AZ 85038-9009

Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief, it is a true, complete and correct return.

Please Sign Here	_____	_____	_____
	Taxpayer's signature	Date	Business telephone number

Paid Preparer's Use Only	_____	_____	_____
	Preparer's signature	Date	Preparer's EIN, PTIN or SSN
	_____	_____	Firm's <input type="checkbox"/> EIN or <input type="checkbox"/> SSN
	Firm's name (or preparer's, if self-employed)	_____	_____
	_____	_____	_____
	Firm's address	Zip code	Firm's telephone number