



# ARIZONA DEPARTMENT OF REVENUE EMPLOYER AFFIDAVIT

TO BE COMPLETED BY THE EMPLOYER

Date: \_\_\_\_\_

To: Arizona Department of Revenue

From:

Name of Business	Employer Identification Number (EIN)	
Business Location Address		
City	State	ZIP Code

RE: Calendar Year 2015 Employment of: \_\_\_\_\_  
(Legal name of employee)

During calendar year I employed the person named above. My records show that the above-named employee submitted a Social Security Number of \_\_\_\_\_ which I used for employment purposes.  
For calendar year 2015 this employee had:

Total wages earned: \$ \_\_\_\_\_

Total Arizona tax withheld: \$ \_\_\_\_\_

I DECLARE UNDER PENALTIES OF PERJURY THAT ALL THE INFORMATION I HAVE PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

\_\_\_\_\_  
Signature of Employer or Employer's Authorized Agent Title

\_\_\_\_\_  
Print Name

STATE OF \_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ )

Subscribed and sworn (or affirmed) before me this \_\_\_\_\_ day of

\_\_\_\_\_

20\_\_\_\_\_, by:

\_\_\_\_\_  
*PRINT NAME OF SIGNOR*

(Notary Seal)

<b>FOR DOR USE ONLY</b>
Name used on tax return _____
Identification number used on tax return _____ - _____ - _____

\_\_\_\_\_  
NOTARY PUBLIC  
ADOR 11161 (1/16)