

Arizona Form A1-C**Arizona Charitable Withholding Statement**

Arizona Department of Revenue
Office of Economic Research and Analysis
PO Box 29099 - Phoenix AZ 85038-9099

Due on or before January 30, 2016.

Employer Identification Number (EIN)

Period End

12/31/2015

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

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81 PM

66 RCVD

Please do not mail with Form A1-R or Form A1-APR.

Part I Employer Information

Name
Number and street or PO Box
City or town, state and ZIP Code
Business telephone number (with area code)

Check box if: Amended Statement Address Changed

Part II Payments Made on Behalf of Employees (if necessary, include continuation sheet(s))

Charitable Withholding Statement		
CHARITY'S name, street address, city, state, and ZIP Code		
CHARITY'S federal identification no.	EMPLOYEE'S Social Security no.	
EMPLOYEE'S name		
EMPLOYEE'S street address (including apt. no.)		
EMPLOYEE'S city, state, ZIP Code		
2015	1 Employee contributions made in 2015	2 Termination date (if applicable)
	\$	M M D D Y Y Y Y

CORRECTED (if checked)

Charitable Withholding Statement		
CHARITY'S name, street address, city, state, and ZIP Code		
CHARITY'S federal identification no.	EMPLOYEE'S Social Security no.	
EMPLOYEE'S name		
EMPLOYEE'S street address (including apt. no.)		
EMPLOYEE'S city, state, ZIP Code		
2015	1 Employee contributions made in 2015	2 Termination date (if applicable)
	\$	M M D D Y Y Y Y

CORRECTED (if checked)

Part III Explain Why an Amended Form A1-C is Being Filed (if necessary, include additional sheet)

Declaration	Under penalties of perjury, I declare that I have examined this statement and to the best of my knowledge and belief, it is true, complete and correct.		
Please Sign Here	EMPLOYER'S SIGNATURE	DATE	BUSINESS PHONE NUMBER
Paid Preparer's Use Only	PAID PREPARER'S SIGNATURE	DATE	PAID PREPARER'S PTIN
	FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED)	FIRM'S <input type="checkbox"/> EIN OR <input type="checkbox"/> SSN	
	FIRM'S STREET ADDRESS	FIRM'S PHONE NUMBER.	
	CITY	STATE	ZIP CODE

Mail form and any documents to: Arizona Department of Revenue, Office of Economic Research and Analysis,
PO Box 29099, Phoenix, AZ 85038-9099

Employer Name (as shown on page 1)

EIN

Page ____ of ____

Charitable Withholding Statement

CHARITY'S name, street address, city, state, and ZIP Code

CHARITY'S federal identification no. EMPLOYEE'S Social Security no.

EMPLOYEE'S name

EMPLOYEE'S street address (including apt. no.)

EMPLOYEE'S city, state, ZIP Code

2015

1 Employee contributions made in 2015

2 Termination date (if applicable)

\$

M M D D Y Y Y Y

ADOR 10754 (14)

CORRECTED (if checked)

Charitable Withholding Statement

CHARITY'S name, street address, city, state, and ZIP Code

CHARITY'S federal identification no. EMPLOYEE'S Social Security no.

EMPLOYEE'S name

EMPLOYEE'S street address (including apt. no.)

EMPLOYEE'S city, state, ZIP Code

2015

1 Employee contributions made in 2015

2 Termination date (if applicable)

\$

M M D D Y Y Y Y

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CORRECTED (if checked)

Charitable Withholding Statement

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CHARITY'S federal identification no. EMPLOYEE'S Social Security no.

EMPLOYEE'S name

EMPLOYEE'S street address (including apt. no.)

EMPLOYEE'S city, state, ZIP Code

2015

1 Employee contributions made in 2015

2 Termination date (if applicable)

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M M D D Y Y Y Y

ADOR 10754 (14)

CORRECTED (if checked)

Charitable Withholding Statement

CHARITY'S name, street address, city, state, and ZIP Code

CHARITY'S federal identification no. EMPLOYEE'S Social Security no.

EMPLOYEE'S name

EMPLOYEE'S street address (including apt. no.)

EMPLOYEE'S city, state, ZIP Code

2015

1 Employee contributions made in 2015

2 Termination date (if applicable)

\$

M M D D Y Y Y Y

ADOR 10754 (14)

CORRECTED (if checked)

2015 Arizona Charitable Withholding Statement

Obtain additional information or assistance by calling one of the numbers listed below:

Phoenix (602) 255-2060
From area codes 520 and 928, toll-free (800) 843-7196

Obtain tax rulings, tax procedures, tax forms and instructions, and other tax information by accessing the department's website at www.azdor.gov.

NOTE: Form A1-C for calendar year 2015 is due January 30, 2016. Do not mail Form A1-C with any other withholding form. Be sure to mail Form A1-C to the correct address: Arizona Department of Revenue, Office of Economic Research and Analysis, PO BOX 29099, Phoenix, AZ 85038-9099.

General Instructions

An employee can request that his or her employer reduce his or her withholding in an amount equal to income tax credit(s) the employee will qualify for when filing the employee's income tax return. Only the following credits qualify for the reduction in withholding:

- contributions to qualifying charitable organizations, provided by Arizona Revised Statutes (A.R.S.) § 43-1088 and claimed on Arizona Form 321;
- contributions made or fees paid to public schools, provided by A.R.S. § 43-1089.01 and claimed on Arizona Form 322; and
- contributions to private school tuition organizations, provided by A.R.S. §§ 43-1089 and 43-1089.03 and claimed on Arizona Form 323 and Arizona Form 348.

Who Must File Form A1-C

Employers that make payments of the reduced withholding of its employees to charitable organizations as provided by A.R.S. § 43-401(G)(1) must file Form A1-C, *Arizona Charitable Withholding Statement*, to report the information required by A.R.S. § 43-401(G)(4). Form A1-C is also the Arizona transmittal statement for detail forms. These detail forms are required to be filed with Form A1-C as an integral part of the statement required by the statute.

Instead of completing the individual Charitable Withholding Statements, employers may substitute their own schedule as long as it contains the same information.

NOTE: *Employers that file Form A1-C must still file either Form A1-APR, Arizona Annual Payment Withholding Tax Return, or Form A1-R, Arizona Withholding Reconciliation Return, to reconcile their payments and transmit federal Forms W-2, W-2c, W-2G, 1099-R and any other federal information returns that include Arizona withholding. Mail each form to the address on the form, by the due date or extended due date.*

Filing Original Statements

This statement must be filed annually, on a calendar year basis (i.e., for the period January 1, 2015, through December 31, 2015) or within 15 days of termination of an employee whose withholding was reduced. The annual statement is due by January 30 of the year following the calendar year in which

donations were withheld. If the due date falls on a Saturday, Sunday, or legal holiday, the statement is considered timely if it is filed by the next day that is not a Saturday, Sunday, or legal holiday. Mail the statement to:

Arizona Department of Revenue
Office of Economic Research and Analysis
PO Box 29099
Phoenix, AZ 85038-9099

Filing Amended Statements

If this is an amended Form A1-C, check the amended statement box. Enter the amended numbers in all areas of the form, and complete Part III to explain why an amended statement is being filed. Include amended detail forms with the amended statement. Check the "Corrected" box on the amended individual statements.

Specific Instructions

Type or print the name, address, and phone number in the boxes in the Employer Information section. If the employer has a foreign address, enter the information in the following order: city, province or state, and country. Follow the country's practice for entering the postal code. **Do not abbreviate the country's name.**

Check the boxes to indicate whether this statement is an amended statement, and whether the address of the employer has changed.

Enter the employer identification number (EIN) where indicated to the right of the employer's name and address.

All returns, statements, and other documents filed with the department require a taxpayer identification number (TIN). Taxpayers that fail to include their TIN may be subject to a penalty. Paid tax return preparers must include their TIN where requested. The TIN for a paid tax return preparer is the individual's social security number or the employer identification number of the business. Paid tax return preparers that fail to include their TIN may be subject to a penalty.

Fill out one individual Charitable Withholding Statement in Section II for each charity that each employee had the employer make payments to on behalf of the employee. There may be several individual Charitable Withholding Statements for each charity and for each employee. Include continuation sheet(s), if necessary. Make sure the employer's name and EIN are included on the top of each continuation sheet filed to the department.

Instead of completing the individual Charitable Withholding Statements, employers may substitute their own schedule as long as it contains the same information.

Box 1 - Employee Contributions Made in 2015

Include the amount of reduced withholding paid to the employee's chosen charity. Do not round the amount paid.

Box 2 - Termination Date

Enter the termination date of the employee, if applicable.

Provide a copy of the individual Charitable Withholding Statement to the employee. Maintain a copy of the statements for the employer's records.