

**Complete this form only if you file Form A1-QRT.** Arizona Form A1-R is an information return. Do not submit any liability owed or try to claim refunds with this return. To submit additional liability or claim a refund, file amended quarterly withholding tax Form(s) A1-QRT. **Form A1-R is due on or before January 31, 2018.**

**Part 1 Taxpayer Information**

|  |   |              |                |
|--|---|--------------|----------------|
| Name   | Employer Identification Number (EIN)                            |              |                |
| Number and street or PO Box  | <b>REVENUE USE ONLY. DO NOT MARK IN THIS AREA.</b><br><b>88</b> |              |                |
| City or town, state and ZIP Code   |   |              |                |
| Business telephone number (with area code)   |   |              |                |
| <p><b>Check box if:</b> <input type="checkbox"/> Amended Return <input type="checkbox"/> Address Change</p> <input type="checkbox"/> Check this box if return is an early-filed return for calendar year 2018 due to an account cancellation during 2018.<br><input type="checkbox"/> Check this box if cancellation was due to a merger or acquisition and surviving employer is filing Forms W-2.<br><input type="checkbox"/> Check this box if this form is being filed by the surviving employer and the amount on line 10 is less than the amount on line 1 because the difference was remitted by the predecessor employer. Also enter the following:<br>Predecessor Employer Name .....<br>Predecessor Employer EIN ..... |   |              |                |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align:center;"><b>81</b> PM</td> <td style="width:50%; text-align:center;"><b>66</b> RCVD</td> </tr> </table>  |   | <b>81</b> PM | <b>66</b> RCVD |
| <b>81</b> PM   | <b>66</b> RCVD  |              |                |

**Part 2 Federal Transmittal Information**

|   |   |  |
|---|---|--|
| 1 Total Arizona Tax Withheld per federal Forms W-2, W-2c, W-2G and 1099-R ..... | 1 |  |
| 2 Total Arizona wages paid to employees for 2017 .....                          | 2 |  |
| 3 Total number of employees paid Arizona wages in 2017 .....                    | 3 |  |
| 4 Total number of federal Forms W-2, W-2c, W-2G, and 1099-R submitted .....     | 4 |  |
| 5 Information Return Penalty .....  | 5 |  |

**Part 3 Annual Summary of Amounts Reported on 2017 Arizona Forms A1-QRT**

|  |    | Liability Reported |
|--|----|--------------------|
| 6 First Quarter .....                      | 6  |                    |
| 7 Second Quarter .....                     | 7  |                    |
| 8 Third Quarter .....                      | 8  |                    |
| 9 Fourth Quarter .....                     | 9  |                    |
| 10 Total Annual Withholding Reported ..... | 10 |                    |

**Part 4 Explain Why an Amended Form A1-R is Being Filed (include additional sheet, if necessary)**

|                                 |   |   |                           |
|---------------------------------|---|---|---------------------------|
| <b>Declaration</b>              | 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. |   |                           |
| <b>Please Sign Here</b>         | TAXPAYER'S SIGNATURE  | DATE  | BUSINESS TELEPHONE NUMBER |
| <b>Paid Preparer's Use Only</b> | 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 TELEPHONE NUMBER   |                           |
|                                 | CITY  | STATE   | ZIP CODE                  |

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