

For the calendar year 2000

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

Please Type or Print	Name	P/M
	Number and street	Check one: Original return <input type="checkbox"/> Amended <input type="checkbox"/>
	City or town State ZIP code	State withholding number Federal employer identification number

Quarterly Reconciliation for 2000				
		Arizona Withholding Tax Liability From 2000 Forms A1-QRT, Line Z (a)	Arizona Withholding Tax Payments Made for 2000 Forms A1-QRT (b)	Arizona Tax Withheld for 2000 per Forms W-2, W-2c, W-2G, and 1099-R (c)
1	1st quarter			
2	2nd quarter			
3	3rd quarter			
4	4th quarter			
5	Total			

The amounts entered in columns (a), (b), and (c) of line 5 should be identical. If these amounts are identical, go to line 8. Do not enter an amount on line 6 or line 7.

If these amounts are NOT identical, you may need to file amended Forms A1-QRT for the affected calendar quarters in 2000. How do you determine the required corrections? Answer the following questions.

- **QUESTION 1.** Are the amounts in columns (a) and (c) of line 5 identical? Yes No

If yes, go to question 2.

If no, determine whether the amount entered in column (a) is correct or the amount entered in column (c) is correct.

- (a) If the amount in column (a) is correct, issue Forms W-2c or corrected Forms W-2G and 1099-R to the affected employees. Attach the Forms W-2c or corrected Forms W-2G and 1099-R to this return. Now go to question 2.
- (b) If the amount entered in column (c) is correct, file amended Forms A1-QRT for the affected calendar quarters in 2000 to report the correct liability. Now go to question 2.

- **QUESTION 2.** Are the amounts in columns (a) and (b) of line 5 identical? Yes No

If yes, go to line 8 if you answered no to question 1 and situation (a) applies. If you answered no to question 1 and situation (b) applies, determine the amount of the underpayment or overpayment of tax for 2000 based on the amended Forms A1-QRT total liability (line Z).

If no, enter the total amount of the underpayment for the affected calendar quarters on line 6 or the total amount of the overpayment for the affected calendar quarters on line 7 based on the following situations.

- (a) If you answered yes to question 1 or if you answered no and situation (a) applies, determine the amount of the underpayment or overpayment of tax for 2000. File amended Forms A1-QRT for the affected calendar quarters in 2000.
- (b) If you answered no to question 1 and situation (b) applies, determine the underpayment or overpayment of tax for 2000 based on the amended Forms A1-QRT total liability (line Z).

6. Underpayment of tax for 2000 - Enter the total amount of the underpayment of tax for 2000 as determined above. DO NOT SUBMIT A PAYMENT WITH THIS RETURN. File amended Forms A1-QRT for the affected calendar quarters. Remit a separate payment with each amended Form A1-QRT. An underpayment may be subject to penalties and shall be subject to interest. See instructions.

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7. Overpayment of tax for 2000 - Enter the total amount of the overpayment of tax for 2000 as determined above. File amended Forms A1-QRT for the affected calendar quarters. A credit notice will be generated after your amended Forms A1-QRT are processed and your payments are confirmed. See instructions.

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Federal Form Transmittal Information for an Original Form A1-R

8. Number of employees in 2000.	8		
9. Total wages paid to employees for 2000.	9		
10. Number of federal Forms W-2, W-2c, W-2G, and 1099-R submitted.	10		

Amended Federal Form Transmittal Information for an Amended Form A1-R

11. Number of federal Forms W-2, W-2c, W-2G, and 1099-R submitted.	11		
12. Gross wage change.	12		
13. Gross change in amount of Arizona income tax withheld.	13		

Explain why an amended Form A1-R is being filed:

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 _____ | _____ | () _____
 Signature Date Business telephone number

Paid Preparer's Use Only _____ | _____ | () _____
 Preparer's signature Date Business telephone number

 Firm's name (or preparer's, if self-employed) Preparer's TIN

 Firm's address ZIP code