2019 Quarterly Payment of Reduced Withholding for Tax Credits

For information or help, call one of these numbers:
Phoenix (602) 255-3381
From area codes 520 and 928, toll-free (800) 352-4090

Tax forms, instructions, and other tax information
If you need tax forms, instructions, and other tax information, go to the department’s website at www.azdor.gov.

Withholding Tax Procedures and Rulings
These instructions may refer to the department’s income tax procedures and rulings for more information. To view or print these, go to our website and click on Reports & Legal Research then click on Legal Research and select a document and a category type from the drop down menus.

Publications
To view or print the department’s publications, go to our website and click on Reports & Legal Research. Then click on Publications.

General Instructions

Arizona Revised Statutes § 43-401(G) provides that an employee may request that his or her employer reduce his or her withholding in an amount equal to certain income tax credit(s) the employee will qualify for when filing his or her income tax return.

Purpose of the Form
This form is optional and provided as a courtesy by the Arizona Department of Revenue. The same result can be accomplished using your own form or a letter.

Employers use this form to report contributions made by their employees to qualifying organizations, school tuition organizations, and/or public schools (Entity).

Please do not mail this form to the Arizona Department of Revenue. Mail the completed form to the Entity listed in the box labeled “CHARITABLE ORGANIZATION, SCHOOL TUITION ORGANIZATION, OR PUBLIC SCHOOL.” Keep a copy of the completed form, and any attachments, for the employer’s records.

Specific Instructions
Check the box to indicate the calendar quarter for which this form is completed.

Employer Information -
Type or print the employer’s name, address, and date the payment was made in the spaces provided.

Charitable Organization, School Tuition Organization, or Public School –
Type or print the Entity’s name and mailing address in the spaces provided.

Enter the payment amount enclosed. This should be the total amount of all employees’ contributions to the Entity.

Employee Contributions –
Type or print the employee’s name, address, city, state, ZIP code, phone number, and the amount of contribution to the entity in the spaces provided. Total the amount of contributions made to the entity. Enter the result on the “Total” line.

If additional schedules are included, check the box indicating “Check this box if additional schedules are included.” Enter the total from all additional schedules on the line labeled “Enter the total from additional schedules.”

Add the amounts on the “Total” line and the “Total from additional schedules” line. Enter the result on the “Total Contributions” line.

Sign and date the Form A1-QTC where indicated. Complete the information boxes below your signature, in case the Entity needs to contact you with any questions.

Mail the completed form to the Entity indicated in the box labeled “CHARITABLE ORGANIZATION, SCHOOL TUITION ORGANIZATION, OR PUBLIC SCHOOL.” Keep a copy of the completed form, and any attachments, for the employer’s records.