

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, 2019.**

Part 1 Taxpayer Information

Name	Employer Identification Number (EIN)
Number and street or PO Box	REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88
City or town, state and ZIP Code	
Business telephone number (with area code)	
<p>Check box if: A <input type="checkbox"/> Amended Return B <input type="checkbox"/> Address Change</p> <p>C <input type="checkbox"/> Check this box if return is an early-filed return for calendar year 2019 due to an account cancellation during 2019.</p> <p>D <input type="checkbox"/> Check this box if cancellation was due to a merger or acquisition and surviving employer is filing Forms W-2.</p> <p>E <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: Predecessor Employer Name..... _____ Predecessor Employer EIN..... _____</p>	
	66 RCVD

Part 2 Federal Transmittal Information

1 Total Arizona Tax Withheld per federal Forms W-2, W-2c, W-2G and 1099-R for 2018	1	
2 Total Arizona wages paid to employees for 2018	2	
3 Total number of employees paid Arizona wages in 2018.....	3	
4 Total number of federal Forms W-2, W-2c, W-2G, and 1099-R submitted to the department	4	
5 Information Return Penalty	5	00

Part 3 Annual Summary of Amounts Reported on 2018 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)

Declaration	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	_____	_____	_____
	TAXPAYER'S SIGNATURE	DATE	BUSINESS TELEPHONE 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 EIN
	_____		_____
	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