

ARIZONA DEPARTMENT OF REVENUE EMPLOYER AFFIDAVIT

TO BE COMPLETED BY THE EMPLOYEE					
I hereby certify that the Arizona Department of Revenue is authorized to release to my employer confidential information concerni me for tax years					
SIGNATU	JRE	DATE	SIGN	ATURE	DATE
PRINT NAME			PRIN	T NAME	
TO BE	COMPLETED BY THE EMPLO	YER			
Date:					
To: Ariz	zona Department of Revenue				
From:	Name of Business				Employer Identification Number (EIN)
	Business Location Address				Telephone Number
	City			State	ZIP Code
RE: Calendar Year Employment of:					
RE: Calendar Year Employment of: (Legal name of employee)					
During calendar year I employed the person named above. My records show that the above-named employee submitted a					
Social Security Number of which I used for employment purposes.					
For calendar year this employee had:					
	Total wages earned:		\$		
	Total Arizona tax withheld	1:	\$		
I DECLARE UNDER PENALTIES OF PERJURY THAT ALL THE INFORMATION I HAVE PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.					
Signature	e of Employer or Employer's Authorized Ag	jent		Title	
Print Nam	ne				
STATE C	DF)			FOR DOR USE ONLY
COUNTY OF)				Name	used on tax return
Subscribed and sworn (or affirmed) before me this day of					
20, by:				Identii	fication number used on tax return
PRINT NAME OF SIGNOR					
(Nator (Cool)					Please return to: Arizona Department of Revenue
(Notary Seal)					PO Box 29099 Phoenix, AZ 85038-9099
					or
NOTARY	Y PUBLIC				indivdocrequest@azdor.gov