ARIZONA FORM A1-APR

Arizona Annual Payment Withholding Tax Return

2004

For the calendar year 2004

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

Make checks payable to: Arizona Department of Revenue

I. Taxpayer Information		EIN:		
Write employer name and address here if n	ot already printed	Period End:	12/31/200	4
☐ Amended Return ☐ Address Changed		Arizona state withholdir	ng number	
		For DOR Use Only		Labeled Return
		P/M		
		B/D		
☐ Check this box to cancel withholding account. Com	anlata the evaluation coeffici	. on		
page 2. (See instructions). Enter date final wages p				
II. Arizona Withholding Tax Liability				
1. 1st quarter withholding			Y 1	
2. 2nd quarter withholding			2	
3. 3rd quarter withholding			3	
4. 4th quarter withholding			4	
5. Total Annual Withholding Tax Liability for 2004 (a	dd lines 1-4)			
III. Tax Payments				
6. Withholding tax payments previously made for 20	004 - see instructions		6	
7. Amount of tax paid when filing extension request (Form A1-APR EXT) - see instructions			7	
8. Total payments - see instructions			8	
9. Balance of tax due - If line 5 is larger than line 8	3, enter balance of tax due. S	kip line 10.		
Payment must accompany return			9	
10. Overpayment of tax - If line 8 is larger than line	5, enter overpayment of tax .		10	
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V. Federal Form Transmittal Information				I
11. Total amount of Arizona income tax withheld (as	shown on federal Forms W-2	, W-2c, W-2G, and 1099-R)	11	
12. Total wages paid to Arizona employees for 2004			12	
13. Number of Arizona employees in 2004			13	
14. Number of federal Forms W-2, W-2c, W-2G, and	1099-R		14	

Instructions: If line 5 does not equal line 11, you have misreported your annual tax withholdings OR you have misreported your employee wage withholdings.

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

Reason for cancellation of employer's withholding account (check the applicable box	c):	
1. Reorganization or change in business entity (example: from corporation to partners)	hip)	
2. Business sold		
3. Business stopped paying wages and will not have any employees in the future		
4. Business permanently closed		
5. Business has only leased or temporary agency employees		
6. Other (specify reason)		
Under penalties of perjury, I declare that I have examined this return and to the best of my k	knowledge and belief,	it is a true, complete and correct return.
Please		
Sign Here Signature	Date	Business telephone number
Paid		
Preparer's Preparer's signature Use Only	Date	Business telephone number
Firm's name (or preparer's, if self-employed)		Preparer's TIN
Firm's address		Zip code