ARIZONA FORM

Arizona Annual Payment Withholding Tax Return

2005

For the calendar year 2005 Mail to: Arizona Department of Revenue, PO Box 29009, Phoenix AZ 85038-9009 Make checks payable to: Arizona Department of Revenue

- I. Taxpayer Information
 - Write employer name and address here if not already printed

EIN:		
Period End:	12/31/2005	

Amended Return D Address Changed

For DOR Use Only	Labeled Return
P/M	
B/D	

Check this box to cancel withholding account. Complete the explanation section on page 2. (See instructions). Enter date final wages paid ______

II. Arizona Withholding Tax Liability

1.	1st quarter withholding	1	
2.	2nd quarter withholding	2	
3.	3rd quarter withholding	3	
4.	4th quarter withholding	4	
5.	Total Annual Withholding Tax Liability for 2005 (add lines 1-4)	5	

III. Tax Payments

6.	Withholding tax payments previously made for 2005 - 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, enter balance of tax due. Skip line 10.		
	Payment must accompany return	9	
10.	Overpayment of tax - If line 8 is larger than line 5, enter overpayment of tax	10	

IV. Federal Form Transmittal Information

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 2005	12	
13.	Number of Arizona employees in 2005	13	
14. I	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):

1. Reorganization or change in business entity (example: from corporation to partnership)

- **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 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