## Arizona Form A1-APR Arizona Annual Payment Withholding Tax Return

FOR CALENDAR YEAR **20**,

Arizona Department of Revenue PO Box 29009 - Phoenix AZ 85038-9009	[i	CHECK BOX IF: Return filed under extension.	82A 30 day 60 da	у 🔲	
			DO NOT MARK IN THIS	AREA.	
I. Taxpayer Information					
Name					
Number and street or PO Box					
City or town, state, and ZIP code		POSTMARK DATE			
Business telephone number		POSTWARK DATE			
Check box if: Amended Return Address Changed Final Ret		EIN:			
	· -	Period End:	12/31/20 <sub>1</sub> YY <sub>1</sub>		
If this is your final return, the department will cancel your 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 - total of lines 1 through 4			5		
III. Tax Payments					
6. Withholding tax payments previously made - 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.  Payment must accompany return			9		
10. Overpayment of tax - If line 8 is larger than line 5, enter overpayment of tax	γ		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)					
12. Total wages paid to Arizona employees			12		
13. Number of Arizona employees			13		
14. Number of federal Forms W-2, W-2c, W-2G, and 1099-R					

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

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Explain why a	an amended Form A1-APR is	being filed:		
Reason for ca	ancellation of employer's wit	thholding account (check the	e applicable box):	
☐ 1. Reorgar	nization or change in business en	tity (example: from corporation to	partnership)	
2. Busines			1 17	
3. Busines	ss stopped paying wages and will	not have any employees in the ful	ture	
4. Busines	s permanently closed			
	s has only leased or temporary a	gency employees		
6. Other (s	specify reason)			
	Make check payable to:		F REVENUE (Include EIN on p	
	Send return and payment to:	Arizona Department of Reve	enue, PO Box 29009, Phoenix	AZ 85038-9009
Jnder penalties	of perjury, I declare that I have ex	camined this return and to the bes	st 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
use Only				
	Firm's name (or preparer's, if self-e	mployed)		Preparer's TIN
	Firm's address			Zip code
	. #111 5 dddi 033			Lip code