# Arizona Form A1-APR Arizona Annual Payment Withholding Tax Return 2012

### Arizona Department of Revenue

PO Box 29009 - Phoenix AZ 85038-9009

#### If you file Form A1-QRT, do not file this form. Instead, file Form A1-R.

I. Taxpayer Information	_	EIN:	
Name		Period End:	12/31/2012
Number and street or PO Box	1		
City or town, state and ZIP Code	-		
Business telephone number (with area code)	_	REVENUE USE ONLY.	DO NOT MARK IN THIS AREA.
Check box if: Amended Return Address Changed	☐ Final Return ( <u>CANCEL</u> ACCOUNT)		
If this is your final return, the department will cancel your withhor Complete the explanation section on page 2. (See Instructions.	•	POSTMARK DATE	
Enter date final wages paid	ID, DIY, Y, Y, YI		
II. Arizona Withholding Tax Liability			
1 Total Annual Withholding Tax Liability			1
III. Tax Payments			
2 Withholding tax payments previously made - see instruction	פמר		2

2	withholding tax payments previously made - see instructions	2	
3	Amount of tax paid when filing extension request - see instructions	3	
4	Total payments - see instructions	4	
	Balance of tax due - If line 1 is larger than line 4, enter balance of tax due. Skip line 6.		
	Payment must accompany return	5	
6	Overpayment of tax - If line 4 is larger than line 1, enter overpayment of tax	6	

## **IV. Federal Form Transmittal Information**

7	Total amount of Arizona income tax withheld (as shown on federal Forms W-2, W-2c, W-2G, and 1099-R)	7	
8	Total wages paid to Arizona employees	8	
	Number of Arizona employees	9	
	Number of federal Forms W-2, W-2c, W-2G, and 1099-R	10	

Instructions: If line 1 does not equal line 7, you have misreported your annual tax withholdings OR you have misreported your employee wage withholdings.

Under penalties of	f perjury, I declare that I have examined this return and to the best of	f my knowledge and belief,	, it is a true, complete and correct return.
Please Sign Here			
5	Taxpayer's Signature	Date	Business Telephone Number
Paid Bronoror'o	Preparer's Signature	Date	Preparer's PTIN
Preparer's Use Only		Dale	Flepalei S F I IN
	Firm's Name (or Preparer's Name, if self-employed)		Firm's EIN or SSN
	Firm's Address	ZIP Code	Firm's Telephone Number

Name (as shown on page 1)	EIN	

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):

Make check payable to:ARIZONA DEPARTMENT OF REVENUE (Include EIN on payment.)Send return and payment to:Arizona Department of Revenue, PO Box 29009, Phoenix AZ 85038-9009