Arizona Form A1-T

Withholding Transmittal of Wage and Tax Statements

EIN

FOR CALENDAR YEAR
20

Arizona Department of Revenue

PO Box 29009 Phoenix AZ 85038-9009

			Period End	
Employer Information		_		
Name				
Number and street or PO Box		-		
City or town, state and ZIP Code		-	REVENUE USE ONLY. DO NOT MARK IN THIS AREA.	
Business telephone number (with area code)		-	_	
		J		
Contact Information			81 PM	66 RCVD
Name]		
Company Name		-		
Business telephone number (with area code)		-		
		J		
	Number]		
Form enclosed:	of Forms	-		
□ W-2				
□ 1099				
☐ Other (specify):				

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

ADOR 11194 (13)