

Arizona Annual Payment Withholding Tax Return

Form A1-APR is due on or before February 28, 2017.

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

Part 1 Ta	axpayer Information			
Name		Employer Iden	tification N	lumber (EIN)
Number and stre		DO NOT FILE MORE THAN ONE ORIGINAL FORM A1-APR PER EIN PER YEAR.		
City or town, sta	REVENUE USE	ONLY. DO	NOT MARK IN THIS AREA.	
Business teleph	one number (with area code)			
Check box if: [Amended Return	IT)		
If this is your fina			66 RCVD	
☐Check this I account car				
	box if cancellation was due to a merger or acquisition and surviving filing Forms W-2.			
Part 2 A	rizona Withholding Tax Liability			
1 Total Ann	ual Withholding Tax Liability: Enter the amount withheld during the cale	ndar year	1	
Part 3 Ta	ax Payments (See instructions.)			
2 Withholding tax payments previously made			2	
3 Amount of tax paid when filing extension request			3	
4 Total payments				
5 Balance of tax due: If line 1 is larger than line 4, subtract line 4 from line 1. Enter the difference.				
This is the balance of tax due. Skip line 6. Non-EFT payment must accompany return				
	ment of tax: If line 4 is larger than line 1, subtract line 1 from line 4. En			
is the ove	rpayment of tax		6	
Part 4 Fo	ederal Form Transmittal Information			
	ount of Arizona income tax withheld as shown on federal Forms W-2, W-		7	
8 Total wages paid to Arizona employees			8	
9 Total number of Arizona employees				
10 Total num	nber of federal Forms W-2, W-2c, W-2G, and 1099-R		10	
Instruction	ons: If line 1 does not equal line 7, you have misreported your annual to you have misreported your employee wage withholdings.	tax withholdings O	R	
Declaration	Under penalties of perjury, I declare that I have examined this return and to the and correct return.	best of my knowled	ge and bel	ief, it is a true, complete
Please				
Sign				
Here	TAXPAYER'S SIGNATURE	DATE	BUSINES	S PHONE NUMBER
Paid	PAID PREPARER'S SIGNATURE	DATE	PAID PRE	EPARER'S PTIN
Preparer's Use	FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED)	FIRM'S EIN OR SSN		
Only	FIRM'S STREET ADDRESS		FIRM'S PHONE NUMBER.	
	CITY	STATE	ZIP CODE	

Name (as shown on page 1)	EIN			
Part 5 Amended Form A1-APR				
f you checked the box "Amended Return" in Part 1, explain why an	amended Form A1-APR is being filed:			
Part 6 Final Form A1-APR				
f you checked the box "Final Return" in Part 1, check the box that in	dicates why this is a final return:			
1 Reorganization or change in business entity (example: from	n corporation to partnership).			
2 Business sold.3 Business stopped paying wages and will not have any emp	lovees in the future			
Business stopped paying wages and will not have any emp Business permanently closed.	loyees in the luture.			
5 🔲 Business has only leased or temporary agency employees.				
6 Other (specify reason):				
Part 7 Other Information				
☐ Check this box if records will be kept at a location different from	☐Check this box if there is a successor employer. Enter the name			
the address shown in Part 1. Enter the name and address of the	and address of the successor employer.			
person keeping the records. Name	Name			
Number and Street	Number and Street			
City State ZIP Code	City State ZIP Code			

Payment and Submission of Form A1-APR

Make check payable to: Arizona Department of Revenue. Include EIN on payment.
 Mail return and payment to: Arizona Department of Revenue, PO Box 29009, Phoenix, AZ 85038-9009