

## **Arizona Annual Payment Withholding Tax Return**

Form A1-APR is due on or before January 31, 2018.

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

Part 1 Ta	axpayer Information		
Name		Employer Identificati	ion Number (EIN)
Number and street or PO Box		DO NOT FILE MORE THAN ONE ORIGINAL FORM A1-APR PER EIN PER YEAR.	
City or town, state and ZIP Code		REVENUE USE ONLY. DO NOT MARK IN THIS AREA.	
Business teleph	one number (with area code)		
Check box if: [	☐ Amended Return ☐ Address Change ☐ Final Return (CANCEL ACCOUNT)		
If this is your fina	al return, the department will cancel your withholding account. Enter the date final		
wages were paid	d and complete Part 6	81 PM	66 RCVD
	box if return is an early-filed return for calendar year 2018 due to an neellation during 2018.		
☐Check this I	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 calend	lar year ′	1
Part 3 Ta	ax Payments (See instructions.)		
2 Withholding tax payments previously made			2
	of tax paid when filing extension request		
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			
6 Overpay	ment of tax: If line 4 is larger than line 1, subtract line 1 from line 4. Ente	r the difference. This	
is the ove	erpayment of tax	(	6
Part 4 F	ederal Form Transmittal Information		
	ount of Arizona income tax withheld as shown on federal Forms W-2, W-2		
1099-R			7
8 Total Ariz	ona wages paid to employees	{	8
	nber of employees paid Arizona wages		
	nber of federal Forms W-2, W-2c, W-2G, and 1099-R		
Instruction	ons: If line 1 does not equal line 7, you have misreported your annual tax you have misreported your employee wage withholdings.	withholdings OR	
Declaration	Under penalties of perjury, I declare that I have examined this return and to the b	est of my knowledge and	d belief, it is a true, complete
	and correct return.		
Please			
Sign			
Here	TAXPAYER'S SIGNATURE DA	TE BUS	INESS PHONE NUMBER
Paid	PAID PREPARER'S SIGNATURE DA		) PREPARER'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	M'S PHONE NUMBER.
	CITY ST.	ATE 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).		
<ul><li>2 Business sold.</li><li>3 Business stopped paying wages and will not have any emp</li></ul>	lovees in the future		
4 ☐ Business permanently closed.	loyees in the lattice.		
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 person keeping the records.	and address of the successor employer.		
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