

Arizona Annual Payment Withholding Tax Return

DO NOT FILE MORE THAN ONE ORIGINAL FORM A1-APR PER EIN PER YEAR.

Form A1-APR is due on or before January 31, 2020.

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

Part 1 Ta	axpayer Information				
Name		Employer Ident	ification Nu	ımber (EIN)	
Number and stre	eet or PO Box				
City or town, state and ZIP Code		REVENUE USE (REVENUE USE ONLY. DO NOT MARK IN THIS AREA.		
Business teleph	one number (with area code)				
Check box if:					
A □Amended	Return B □ Address Change C □ Final Return (CANCEL ACCOUNT)				
	al return, the department will cancel your withholding account. Enter the date final distribution and complete Part 6			66 RCVD	
	is box if return is an early-filed return for calendar year 2020 due to an cancellation during 2020.				
E ☐ Check th	is box if cancellation was due to a merger or acquisition and surviving r is filing Forms W-2.				
Part 2	rizona Withholding Tax Liability				
1 Total Ann	ual Withholding Tax Liability from all sources: Enter the total amount wit	-	1		
	ax Payments (See instructions.)				
	ng tax payments previously made for 2019		2		
3 Amount of tax paid when filing extension request					
4 Total pay	4				
	of tax due: If line 1 is larger than line 4, subtract line 4 from line 1. Ente				
	e balance of tax due. Skip line 6. Non-EFT payment must accompany re				
	ment of tax: If line 4 is larger than line 1, subtract line 1 from line 4. En		I		
			6		
	ederal Form Transmittal Information				
	ount of Arizona income tax withheld as shown on federal Forms W-2, W- or 2019		7		
	ona wages paid to employees for 2019				
	hber of employees paid Arizona wages for 2019				
	nber of federal Forms W-2, W-2c, W-2G, and 1099-R				
	ons: If line 1 does not equal line 7, you have misreported your annual t you have misreported your employee wage withholdings.				
Declaration	Under penalties of perjury, I declare that I have examined this return and to the and correct return.	best of my knowledg	e and belie	ef, it is a true, complete	
Please					
Sign					
Here	TAXPAYER'S SIGNATURE	PATE	BUSINESS	PHONE NUMBER	
Paid	PAID PREPARER'S SIGNATURE	PATE	PAID PREF	PARER'S TIN	
Preparer's Use	FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED)		FIRM'S EIN		
Only	FIRM'S STREET ADDRESS		FIRM'S PH	ONE NUMBER.	
	CITY	TATE	ZIP CODE		

Name (as shown on page 1)		EIN	
Part 5 Amended Form A1-APR			
If you checked the box "Amended Return" in Part 1, expl	ain why an amended	Form A1-APR is being filed:	
Part 6 Final Form A1-APR			
If you checked the box "Final Return" in Part 1, check the			
11 ☐ Reorganization or change in business entity (ex12 ☐ Business sold.	cample: from corpora	tion to partnership).	
13 ☐ Business stopped paying wages and will not ha	ive any employees in	the future.	
 14 Business permanently closed. 15 Business has only leased or temporary agency 	omployoos		
16 Other (specify reason):			
17	on different from the	addraga ahown in Dart 1	
Name:			
Number and Street:		ZID Codo:	
City:	State:	ZIP Code:	
18 Check this box if there is a successor employer.			
Name:Number and Street:			
City:		ZIP Code:	
Part 7 Payment and Submission of Form A1			
Make check payable to: Arizona De	epartment of Reve	enue. Include EIN on pavmer	it.

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