

Withholding Transmittal of Wage and Tax Statements

FOR CALENDAR YEAR

Arizona Department of Revenue

PO Box 29009

Phoenix AZ 85038-9009

Employer Information	
Name	
Number and street or PO Box	
City or town, state and ZIP Code	
Business telephone number (with area code)	
Contact Information	
Name	
Company Name	
Business telephone number (with area code)	
	Number
Form enclosed:	of Forms
□ W-2	
□ 1099	
☐ Other (specify):	

Period End	
REVENUE USE ONLY. DO) NOT MARK IN THIS AREA.
81 PM	66 RCVD

Employer Identification Number (EIN)

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