

## **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, 2021.
If you file Form A1-QRT, do not file this form.

Part 1 Ta	axpayer Information		
Name		Employer Identif	fication Number (EIN)
Number and str	eet or PO Box		
City or town, state and ZIP Code		REVENUE USE O	ONLY. DO NOT MARK IN THIS AREA.
Business teleph	none number (with area code)		
	Return <b>B</b> Address Change <b>C</b> Final Return (CANCEL ACCOUNT)		
wages were paid and complete Part 6		81 PM	66 RCVD
	nis box if return is an early-filed return for calendar year 2021 due to an cancellation during Calendar Year 2021.		
<b>E</b> ☐ Check th	nis box if cancellation was due to a merger or acquisition and the surviving r is filing Forms W-2.		
	rizona Withholding Tax Liability		
	ual Withholding Tax Liability from all sources: Enter the total amount with year	•	1
Part 3 Ta	ax Payments (See instructions.)		
2 Withhold	ing tax payments previously made for 2020		2
3 Amount of tax paid when filing extension request			3
4 Total payments			4
	of tax due: If line 1 is larger than line 4, subtract line 4 from line 1. Enter		_
	e balance of tax due. Skip line 6. Non-EFT payment must accompany returned a few life 4 is larger than line 1 subtract line 1 from line 1. Esta		
	ment of tax: If line 4 is larger than line 1, subtract line 1 from line 4. Ente erpayment of tax		
	ederal Form Transmittal Information		0
7 Total amo	ount of Arizona income tax withheld as shown on federal Forms W-2, W-2 2020		7
	ona wages paid to employees for 2020		
9 Total number of employees paid to employees for 2020			
	nber of federal Forms W-2, W-2c, W-2G, and 1099		
	ons: If line 1 does not equal line 7, you have misreported your annual tax you have misreported your employee wage withholdings.		
Declaration	Under penalties of perjury, I declare that I have examined this return and to the b and correct return.	est of my knowledge	e and belief, it is a true, complete
Please			
Sign			
Here	TAXPAYER'S SIGNATURE DA	TE	BUSINESS PHONE NUMBER
Paid	PAID PREPARER'S SIGNATURE DA	TE .	PAID PREPARER'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 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-APF	R is being filed:			
Part 6 Final Form A1-APR				
f you checked the box "Final Return" in Part 1, check the box that indicates why this is a fir	nal return:			
11 Reorganization or change in business entity (example: from corporation to partnership).				
12 ☐ Business sold. 13 ☐ Business stopped paying wages and will not have any employees in the future.				
14 Business permanently closed.				
15 Business has only leased or temporary agency employees.				
16 Other (specify reason):				
17 Check this box if records will be kept at a location different from the address show	n in Part 1.			
Name: Number and Street:				
City: State: ZIP C	ode:			
18   Check this box if there is a successor employer.				
Name: EIN: _				
Number and Street:				
City: State: ZIP C	ode:			
Down 7 Downsont and Submission of Form A4 ADD				
Part 7 Payment and Submission of Form A1-APR  ▶ Make check payable to: Arizona Department of Revenue. Include	le FIN on payment			

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