

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, 2019.

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

Part 1 Ta	axpayer Information				
Name		Employer Ident	ification N	umber (EIN)	
Number and str	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				
If this is your fin wages were pair			66 RCVD		
	is box if return is an early-filed return for calendar year 2019 due to an cancellation during 2019.				
E ☐ Check th	is box if cancellation was due to a merger or acquisition and surviving r is filing Forms W-2.				
Part 2 A	rizona Withholding Tax Liability				
1 Total Ann	ual Withholding Tax Liability from all sources: Enter the total amount will year		1		
	ax Payments (See instructions.)				
	ng tax payments previously made for 2018		2		
3 Amount of tax paid when filing extension request					
4 Total payments					
	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 re		I		
	ment of tax: If line 4 is larger than line 1, subtract line 1 from line 4. En				
	erpayment of tax		6		
	ederal Form Transmittal Information				
1099-R fo	ount of Arizona income tax withheld as shown on federal Forms W-2, W- or 2018				
8 Total Arizona wages paid to employees for 2018					
9 Total number of employees paid Arizona wages for 2018					
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 t you have misreported your employee wage withholdings.	ax withholdings Ol	R		
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 beli	ef, it is a true, complete	
Please					
Sign					
Here	TAXPAYER'S SIGNATURE	DATE	BUSINESS	S PHONE NUMBER	
Paid	PAID PREPARER'S SIGNATURE	DATE	PAID PRE	PARER'S TIN	
Preparer's FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED) Use			FIRM'S EIN		
Only	FIRM'S STREET ADDRESS		FIRM'S PH	HONE 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 i	ndicates why this is a final return:
11 Reorganization or change in business entity (example: from	· · · · · · · · · · · · · · · · · · ·
12 ☐ Business sold.13 ☐ Business stopped paying wages and will not have any em	ployees in the future
14 ☐ Business permanently closed.	
15 ☐ Business has only leased or temporary agency employees16 ☐ Other (specify reason):	
To Guillar (specify reason).	
17 Check this box if records will be kept at a location different Name:	
Number and Street:	
City: S	
18	
Name:	
Number and Street: S: City: S:	tate: ZIP Code:
Ony	
Part 7 Payment and Submission of Form A1-APR	
	t of Revenue. Include EIN on payment.

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