

**Provide this form to your employer.
Do not mail this form to the Arizona Department of Revenue.**

| | |
|--|----------------|
| Employee's Name | Employee's SSN |
| Employee's Address – Number and street or PO Box | |
| Employee's City, State and ZIP Code | |

TO:

| |
|--|
| Employer's (Company) Name |
| Employer's Address – Number and street or PO Box |
| Employer's City, State and ZIP Code |

At my employer's option, I request that my withholding be reduced in accordance with Arizona Revised Statutes (A.R.S.) § 43-401(G) and that quarterly payments be made on my behalf to the following charity(ies), public school(s), or school tuition organization(s) [Entity]:

| QUALIFYING CHARITIES, PUBLIC SCHOOLS, OR SCHOOL TUITION ORGANIZATIONS | | | | |
|---|-----------------------|-------|----------|--|
| FIRST ENTITY | Entity Name | | | Employer Identification No. (If known) |
| | Entity Street Address | | | Phone No. (With area code) |
| | Entity City | State | ZIP Code | Annual Amount: \$.00 |
| SECOND ENTITY | Entity Name | | | Employer Identification No. (If known) |
| | Entity Street Address | | | Phone No. (With area code) |
| | Entity City | State | ZIP Code | Annual Amount: \$.00 |
| THIRD ENTITY | Entity Name | | | Employer Identification No. (if known) |
| | Entity Street Address | | | Phone No. (with area code) |
| | Entity City | State | ZIP Code | Annual Amount: \$.00 |

If this box is checked, additional entities are designated on a separate sheet.

I qualify for and am entitled to this amount of credit (\$ _____ .00) for 2024 under A.R.S. §§ 43-1088, 43-1089, 43-1089.01 and/or 43-1089.03. Refer to the instructions for Arizona Forms 321, 322, 323, 348, and/or 352 for credit limits.

EMPLOYEE'S SIGNATURE _____ DATE _____

PRINT NAME _____

| FOR EMPLOYER USE ONLY | | | |
|--|-------------|---------------------------|---|
| <input type="checkbox"/> Approved by: | | | Date |
| Total Contribution \$ | Pay Periods | Current Withholding \$ | Amount Per Pay Period (not more than current): \$ |
| <input type="checkbox"/> Denied – Indicate reason: | | | Employee Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No |

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