Arizona Form
AZ-8879-W

Employer's Withholding Tax Signature Authorization

2024

Do not mail this form to the Arizona Department of Revenue. The Employer must retain this document a minimum of four years.

Employer's Name	Employer Identification Number (EIN)

Employer's Physical Address

City, Town	State	ZIP Code

Purpose of form

- To declare, under penalties of perjury, that the electronic withholding tax return is, to the best of the employer's knowledge and belief, true, correct, and complete.
- To authorize the transmitter to transmit the employer's confidential information to the Arizona Department of Revenue and transmit acknowledgement, acceptance or rejection messages regarding the employer's return to the employer.

PART 1 – WITHHOLDING TAX RETURN INFORMATION

1	Total liability	1
2	Prior payments	2
3	Amount due or refund	3

If line 3 is zero, leave box 4, box 5, line 4 and line 5 blank; otherwise check box 4 or box 5:

4	☐ **AMOUNT DUE:** Enter the amount due	4
5	☐ **REFUND:** Enter the amount of refund	5

PART 2 – FINANCIAL INSTITUTION INFORMATION

Must be present when requesting direct debit.

TYPE OF ACCOUNT ☐ Checking ☐ Savings

ROUTING NUMBER

ACCOUNT NUMBER

DIRECT DEBIT REQUEST DATE M M D D Y Y Y Y

DIRECT DEBIT PAYMENT AMOUNT $ .00

☐ **Foreign Account**: See instructions below.

Box 4 – Amount Due: You owe tax based on the information provided on your withholding tax return. If you have elected to direct debit for payment, the payment will be withdrawn from the account on the date listed in Part 2: Financial Institution Information.

Box 5 – Refund: You are due a refund based on the information provided on your withholding tax return. After the return is processed and payments are confirmed, the overpayment will be applied to any outstanding liabilities, possibly in another tax type. If the overpayment exceeds the outstanding liabilities or the employer has no outstanding liabilities, a refund check will be issued and mailed to the employer. A refund will not be issued once the overpayment is applied to a liability.

Foreign Account Checkbox: Check the "Foreign Account" box if the employer's debit will ultimately come from a foreign account. If you check this box, do not enter the employer's bank account information, we will not direct debit the account. **If the employer owes tax and is required to pay by EFT, submit payment by ACH Credit to avoid penalty. If the employer owes tax and is NOT required to pay by EFT, submit payment by ACH Credit or complete Form A1-WP, mail it and a check to the Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.**

PART 3 – DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part I)

Under penalties of perjury, I declare that I have examined a paper copy of my electronic Arizona withholding tax return and accompanying schedules and statements for the period ending M M D D Y Y Y Y, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts of Total Liability (Part 1, line 1), Prior Payments (Part 1, line 2), and Amount Due or Refund (Part 1, line 3 and line 4 or line 5) listed above are the amounts shown on the paper copy of my electronic Arizona withholding tax return.

I authorize the Arizona Department of Revenue (DOR) and its designated financial agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Arizona withholding taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If I have filed a return with an amount due, I understand that if the DOR does not receive full and timely payment of my tax liability by the due date, I will remain liable for the tax liability and all applicable interest and penalties.

I consent to sending my electronic Arizona withholding tax return and accompanying schedules and statements to DOR through a transmitter. I consent to DOR sending my transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize DOR to disclose to my transmitter the reason(s) for the delay, or when the refund was mailed. If DOR contacts my transmitter for a copy of my return, any attachments or schedules to my return, and/or this authorization form, I authorize my transmitter to release copies of the requested documents to DOR.

Please Sign Here

EMPLOYER'S SIGNATURE _____ DATE _____ ( ) BUSINESS PHONE NUMBER