Arizona Form

Arizona Withholding Reconciliation Return FOR FORM A1-QRT

2023

Complete this form only if you file Form A1-QRT. Arizona Form A1-R is an information return. Do not submit any liability owed or try to claim refunds with this return. To submit additional liability or claim a refund, file amended quarterly withholding tax Form(s) A1-QRT. Form A1-R is due on or before January 31, 2024. Do NOT submit more than one A1-R per EIN per year.

Part 1 Taxpayer Information (Refer to the instructions before completing Part 1.)			
Business Name (As listed on the Arizona Joint Tax Application - Form JT-1)	Employer Identification Number (EIN)		
Number and street or PO Box			
	REVENUE USE ONLY. DO NOT MARK IN THIS AREA.		
City or town, state and ZIP Code	88		
Business telephone number (with area code)			
Check box if: A Amended Return B Address Change	-		
C □ Check this box if this return is an early-filed return for calendar year 2024 due to an account cancellation during calendar year 2024.			
D □ Check this box if this cancellation was due to a merger or acquisition and the surviving employer is filing Forms W-2.	81 PM 66 RCVD		
E □ Check this box if this form is being filed by the surviving employer and the amount on line 10 is less than the amount on line 1 because the difference was remitted by the			
predecessor employer. Also enter the following:			
Predecessor Employer Name			

Part 2 Federal Transmittal Information

1	Total Arizona Tax Withheld per federal Forms W-2, W-2c, W-2G and 1099 for 2023	1	I
2	Total Arizona wages paid to employees for 2023	2	2
3	Total number of employees paid Arizona wages in 2023	3	3
4	Total number of federal Forms W-2, W-2c, W-2G, and 1099 submitted to the department	4	1
5	Information Return Penalty	5	5 00
Par			

			Liability Reported	
6	First Quarter	6		
7	Second Quarter	7		
8	Third Quarter	8		
9	Fourth Quarter	9		
10	Total Annual Withholding Reported	10		
Par	4 Explain Why an Amended Form A1-R is Being Filed (include	e a	dditional sheet, if nece	ssary)

Declaration	Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief, it is a true, complete					
Deciaration	and correct return.					
Please						
Sign						
Here	TAXPAYER'S SIGNATURE	DATE	BUSINESS	BUSINESS TELEPHONE NUMBER		
Paid	PAID PREPARER'S SIGNATURE	DATE		PAID PREPARER'S PTIN		
Preparer's						
Use	FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLO	FIRM'S EIN				
Only						
-	FIRM'S STREET ADDRESS			FIRM'S TELEPHONE NUMBER		
	CITY	STAT	E	ZIP CODE		
This form must be e-filed unless the taxpayer has a waiver or is exempt from e-filing. See instructions for details.						