Arizona Form A1-R

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)

Arizona Withholding Reconciliation Return FOR FORM A1-QRT

2024

Employer Identification Number (EIN)

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, 2025. Do NOT submit more than one A1-R per EIN per year.

Number and street or PO Box		REVENUE USE ONLY. DO NOT MARK IN THIS AREA.		
City or town, sta	ate and ZIP Code		- [88]	
Business teleph	one number (with area code)		-	
C □ Check this account of D □ Check this	A ☐ Amended Return B ☐ Address Change s box if this return is an early-filed return for calendar year cancellation during calendar year 2025.		81 PM	66 RCVD
E □ Check this line 10 is	is filing Forms W-2. s box if this form is being filed by the surviving employer and less than the amount on line 1 because the difference was sor employer. Also enter the following:		<u> 81</u> · ···	66 NOVE
	sor Employer Name			1
	ederal Transmittal Information			
	ona Tax Withheld per federal Forms W-2, W-2c, W-2G and			
	ona wages paid to employees for 2024			
	nber of employees paid Arizona wages in 2024			
	nber of federal Forms W-2, W-2c, W-2G, and 1099 submitte			
	on Return Penaltynnual Summary of Amounts Reported on 2024 Ar			5 00
Part 3 A	iniual Summary of Amounts Reported on 2024 Ar			
• =:			iability Reported	
	rter			
	Quarter			
-	arter			
9 Fourth Quarter				
	xplain Why an Amended Form A1-R is Being Filed		anal shoot if n	
Declaration	Under penalties of perjury, I declare that I have examined this reand correct return.	turn and to the bes	of my knowledge	and belief, it is a true, complete
Please				
Sign				
Here	TAXPAYER'S SIGNATURE	DATE	BUSINESS TELI	EPHONE NUMBER
Paid Preparer's	PAID PREPARER'S SIGNATURE	DATE		PAID PREPARER'S PTIN
Use	FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED	0)		IRM'S EIN
Only	FIRM'S STREET ADDRESS		F	IRM'S TELEPHONE NUMBER

STATE

ZIP CODE