Arizona Form A1-QRT — Arizona Quarterly Withholding Tax Return

Arizona Department of Revenue
PO Box 29009 - Phoenix AZ 85038-9009

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

POSTMARK DATE

I. Taxpayer Information
(See Instructions.)

EIN:

QUARTER AND YEAR *: Q Y Y Y Y

* Quarter (1, 2, 3 or 4) and four digits of year

Check box if: ❑ Amended Return ❑ Address Changed ❑ Final Return
(CANCEL ACCOUNT)

If this is your final return, the department will cancel your withholding account.
Complete the explanation section on page 2. (See Instructions.)
Enter date final wages paid _____.

Total Arizona Payroll for This Quarter.....

II. Tax Liability Schedule
(See Instructions before completing this section.)

A. Quarterly Tax Liability

Tax Liability.....

B. Monthly Tax Liability

Month 1 Liability.....
Month 2 Liability.....
Month 3 Liability.....

III. Tax Computation (See Instructions.)

1. Liability (amount from A or total of three months in B)..... 1
2. Prior Payments made for this Quarter 2
3. Total Amount Due - *Subtract line 2 from line 1.*
If less than zero, enter zero 3

Daily Tax Liability Schedule

A. Daily Tax Liability - 1st Month of Quarter (Semi-Weekly or One-Banking Day)

1		8		15		22		29						
2		9		16		23		30						
3		10		17		24		31						
4		11		18		25								
5		12		19		26								
6		13		20		27								
7		14		21		28								

Check gray boxes for one-banking day withholding obligations only.

Month 1 Liability - *Enter total here and Part II B above*.....

B. Daily Tax Liability - 2nd Month of Quarter (Semi-Weekly or One-Banking Day)

1		8		15		22		29						
2		9		16		23		30						
3		10		17		24		31						
4		11		18		25								
5		12		19		26								
6		13		20		27								
7		14		21		28								

Check gray boxes for one-banking day withholding obligations only.

Month 2 Liability - *Enter total here and Part II B above*.....

C. Daily Tax Liability - 3rd Month of Quarter (Semi-Weekly or One-Banking Day)

1		8		15		22		29						
2		9		16		23		30						
3		10		17		24		31						
4		11		18		25								
5		12		19		26								
6		13		20		27								
7		14		21		28								

Check gray boxes for one-banking day withholding obligations only.

Month 3 Liability - *Enter total here and Part II B above*.....

AMENDED RETURN INFORMATION:

Explain why an amended return is being filed.

Reason for cancellation of employer's withholding account (check the applicable box):

- ☐ 1. Reorganization or change in business entity (example: from corporation to partnership)
- ☐ 2. Business sold
- ☐ 3. Business stopped paying wages and will not have any employees in the future
- ☐ 4. Business permanently closed
- ☐ 5. Business has only leased or temporary agency employees
- ☐ 6. Other (specify reason) _____

Make check payable to: ARIZONA DEPARTMENT OF REVENUE (Include EIN on payment.)

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

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 and correct return.

Please Sign Here

Signature | Date | Business telephone number

Paid Preparer's Use Only

Preparer's signature | Date | Business telephone number

Firm's name (or preparer's, if self-employed) | Preparer's EIN, SSN, or PTIN

Firm's address | Zip code

Print Reset form