

Arizona Form A1-APR Arizona Annual Payment Withholding Tax Return 2008

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

Write employer name and address here if not already printed.

For the calendar year 2008.

EIN:	
Period End:	12/31/2008

- 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 _____.

II. Arizona Withholding Tax Liability

1. 1st quarter withholding.....	1		
2. 2nd quarter withholding.....	2		
3. 3rd quarter withholding.....	3		
4. 4th quarter withholding.....	4		
5. Total Annual Withholding Tax Liability for 2008 - <i>total of lines 1 through 4</i>	5		

III. Tax Payments

6. Withholding tax payments previously made for 2008 - <i>see instructions</i>	6		
7. Amount of tax paid when filing extension request (Form A1-APR EXT) - <i>see instructions</i>	7		
8. Total payments - <i>see instructions</i>	8		
9. Balance of tax due - <i>If line 5 is larger than line 8, enter balance of tax due. Skip line 10. Payment must accompany return</i>	9		
10. Overpayment of tax - <i>If line 8 is larger than line 5, enter overpayment of tax</i>	10		

IV. Federal Form Transmittal Information

11. Total amount of Arizona income tax withheld (as shown on federal Forms W-2, W-2c, W-2G, and 1099-R).....	11		
12. Total wages paid to Arizona employees for 2008.....	12		
13. Number of Arizona employees in 2008.....	13		
14. Number of federal Forms W-2, W-2c, W-2G, and 1099-R.....	14		

Instructions: If line 5 does not equal line 11, you have misreported your annual tax withholdings OR you have misreported your employee wage withholdings.

Explain why an amended Form A1-APR 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 TIN
	Firm's address		Zip code