

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

If you file Form A1-QRT, do not file this form. Instead, file Form A1-R.

Employer Identification Number (EIN)
Period End 12/31/2015

Part I Taxpayer Information

Name
Number and street or PO Box
City or town, state and ZIP Code
Business telephone number (with area code)

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

88	
81 PM	66 RCVD

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 Part VI on page 2. (See Instructions.)

Enter date final wages paid MMDDYYYY

Part II Arizona Withholding Tax Liability

1 Total Annual Withholding Tax Liability	1	
--	---	--

Part III Tax Payments (See instructions.)

2 Withholding tax payments previously made	2	
3 Amount of tax paid when filing extension request	3	
4 Total payments.....	4	
5 Balance of tax due: If line 1 is larger than line 4, enter balance of tax due. Skip line 6. Non-EFT payment must accompany return	5	
6 Overpayment of tax: If line 4 is larger than line 1, enter overpayment of tax	6	

Part IV Federal Form Transmittal Information

7 Total amount of Arizona income tax withheld (as shown on federal Forms W-2, W-2c, W-2G, and 1099-R)	7	
8 Total wages paid to Arizona employees.....	8	
9 Total number of Arizona employees.....	9	
10 Total number of federal Forms W-2, W-2c, W-2G, and 1099-R.....	10	

Instructions: If line 1 does not equal line 7, you have misreported your annual tax withholdings OR you have misreported your employee wage withholdings.

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 and correct return.		
	Please Sign Here		
Paid Preparer's Use Only	TAXPAYER'S SIGNATURE	DATE	BUSINESS PHONE NUMBER
	PAID PREPARER'S SIGNATURE	DATE	PAID PREPARER'S PTIN
	FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED)		FIRM'S <input type="checkbox"/> EIN OR <input type="checkbox"/> SSN
	FIRM'S STREET ADDRESS	FIRM'S PHONE NUMBER.	
	CITY	STATE	ZIP CODE

Name (as shown on page 1)

EIN

Part V Explain Why an Amended Form A1-APR is Being Filed

Part VI 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): _____

Payment

- **Make check payable to:** Arizona Department of Revenue and **include EIN on payment.**
- **Mail return and payment to:** Arizona Department of Revenue, PO Box 29009, Phoenix, AZ 85038-9009