Arizona Form A1-C

Arizona Charitable Withholding Statement

Arizona Department of Revenue
PO Box 25248 - Phoenix AZ 85002-5248

Instructions

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

POSTMARK DATE

Due on or before January 31, 2011.

EIN:

Period End: 12/31/2010

I. Employer Information

Name

Number and street or PO Box

City or town, state, and ZIP code

Business telephone number

Check box if: ☐ Amended Statement ☐ Address Changed

II. Payments Made on Behalf of Employees (Attach continuation sheet(s), if necessary:):

Charitable Withholding Statement

Charity's name, street address, city, state, and ZIP code

Charity's Federal identification number

Employee's Social Security number

Employee's name

Street address (including apt. no.)

City, state, and ZIP code

2010

1 Employee contributions made in 2010. $

2 Termination date (if applicable).

ADOR 91-5620 (09)

☐ CORRECTED (if checked)

Charitable Withholding Statement

Charity's name, street address, city, state, and ZIP code

Charity's Federal identification number

Employee's Social Security number

Employee's name

Street address (including apt. no.)

City, state, and ZIP code

2010

1 Employee contributions made in 2010. $

2 Termination date (if applicable).

ADOR 91-5620 (09)

☐ CORRECTED (if checked)

III. Explain why an amended Form A1-C is being filed (attach additional sheet, if necessary):

Send Form and any attachments to: Arizona Department of Revenue, PO Box 25248, Phoenix AZ 85002-5248

The payments have been made in the amount indicated to the charity or charities indicated.

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

Print Reset form

Charitable Withholding Statement

Charity's name, street address, city, state, and ZIP code	
Charity's Federal identification number	Employee's Social Security number
Employee's name Street address (including apt. no.) City, state, and ZIP code	
2010	1 Employee contributions made in 2010. $	2 Termination date (if applicable).

ADOR 91-5620 (09) ☐ CORRECTED (if checked)

Charitable Withholding Statement

Charity's name, street address, city, state, and ZIP code	
Charity's Federal identification number	Employee's Social Security number
Employee's name Street address (including apt. no.) City, state, and ZIP code	
2010	1 Employee contributions made in 2010. $	2 Termination date (if applicable).

ADOR 91-5620 (09) ☐ CORRECTED (if checked)

Charitable Withholding Statement

Charity's name, street address, city, state, and ZIP code	
Charity's Federal identification number	Employee's Social Security number
Employee's name Street address (including apt. no.) City, state, and ZIP code	
2010	1 Employee contributions made in 2010. $	2 Termination date (if applicable).

ADOR 91-5620 (09) ☐ CORRECTED (if checked)

Charitable Withholding Statement

Charity's name, street address, city, state, and ZIP code	
Charity's Federal identification number	Employee's Social Security number
Employee's name Street address (including apt. no.) City, state, and ZIP code	
2010	1 Employee contributions made in 2010. $	2 Termination date (if applicable).

ADOR 91-5620 (09) ☐ CORRECTED (if checked)

2010 Arizona Charitable Withholding Statement

Arizona Form A1-C

Obtain additional information or assistance by calling one of the numbers listed below:

Phoenix	(602) 255-2060
From area codes 520 and 928, toll-free	(800) 843-7196
Hearing impaired TDD user	
Phoenix	(602) 542-4021
From area codes 520 and 928, toll-free	(800) 397-0256

Obtain tax rulings, tax procedures, tax forms and instructions, and other tax information by accessing the department's Internet home page at www.azdor.gov.

General Instructions

Beginning January 1, 2010, an employee can request that his or her employer reduce his or her withholding in an amount equal to income tax credit(s) the employee will qualify for when filing the employee's income tax return. Only the following credits qualify for the reduction in withholding:

- contributions to charities that provide assistance to the working poor, provided by ARS § 43-1088 and claimed on Arizona Form 321;
- contributions made or fees paid to public schools, provided by ARS § 43-1089.01 and claimed on Arizona Form 322; and
- contributions to private school tuition organizations, provided by ARS § 43-1089 and claimed on Arizona Form 323.

Who Must File Form A1-C

Employers that make payments of employee's reduced withholding to charitable organizations as provided by ARS § 43-401(I)(1) must file Form A1-C, *Arizona Charitable Withholding Statement*, to report the information required by ARS § 43-401(I)(4). Form A1-C is also the Arizona transmittal statement for detail forms. These detail forms are required to be filed with the Form A1-C as an integral part of the statement required by the statute.

NOTE: *Employers that file Form A1-C must still file either Form A1-APR,* Arizona Annual Payment Withholding Tax Return, *or Form A1-R,* Arizona Withholding Reconciliation Return, *to reconcile their payments and transmit federal Forms W-2, W-2c, W-2G, and/or 1099-R, if those forms include Arizona withholding.*

Filing Original Statements

This statement must be filed annually, on a calendar year basis (i.e., for the period January 1, 2010, through December 31, 2010) or within 15 days of termination of an employee whose withholding was reduced. The annual statement is due by January 30 of the year following the calendar year in which donations were withheld. If the due date falls on a Saturday, Sunday, or legal holiday, the statement is considered timely if it is filed by the next day that is not a Saturday, Sunday, or legal holiday. Send the statement to the Arizona Department of Revenue, PO Box 25248, Phoenix AZ 85002-5248.

Filing Amended Statements

If this is an amended Form A1-C, check the amended statement box. Enter the amended numbers in all areas of the form, and explain why an amended statement is being filed in the space provided. Include amended detail forms with the amended statement. Check the "Corrected" box on the amended individual statements.

Specific Instructions

Type or print the name, address, and phone number in the boxes in the Employer Information section. Check the boxes to indicate whether this statement is an amended statement, and whether the address of the employer has changed.

Enter the employer identification number where indicated to the upper right of the employer's name and address.

All returns, statements, and other documents filed with the department require a taxpayer identification number (TIN). Taxpayers that fail to include their TIN may be subject to a penalty. Paid tax return preparers must include their TIN where requested. The TIN for a paid tax return preparer is the individual's social security number, preparer identification number, or the employer identification number of the business. Paid tax return preparers that fail to include their TIN may be subject to a penalty.

Fill out one individual Charitable Withholding Statement in Section II for each charity that each employee had the employer make payments to on behalf of the employee. There may be several individual Charitable Withholding Statements for each charity and for each employee. Attach continuation sheet(s), if necessary. Make sure the employer's name and EIN are included on the top of each continuation sheet.

Box 1 - Employee Contributions Made in 2010

Include the amount of reduced withholding paid to the employee's chosen charity. Do not round the amount paid.

Box 2 - Termination Date

Enter the termination date of the employee, if applicable.

Provide a copy of the Individual Charitable Withholding Statement to the employee. Maintain a copy of the statements for your records.

Print Page