

\_\_\_\_\_  
Employee's Address

\_\_\_\_\_  
Employee's City, State & ZIP code

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer's (Company) Name

\_\_\_\_\_  
Employer's Address

\_\_\_\_\_  
Employer's City, State & ZIP code

At my employer's option, I request that my withholding be reduced in accordance with Arizona Revised Statutes (A.R.S.) § 43-401(I) and that quarterly payments be made on my behalf to the following charity(ies), school(s) and school tuition organization(s) [Entity]:

	Entity 1	Entity 2	Entity 3
Entity Name			
Entity Street Address			
Entity City, State & ZIP code			
Phone Number			
Employer Identification Number (if known)			
Annual Amount	\$ .00	\$ .00	\$ .00

Check this box if additional entities are designated on an additional sheet.

I qualify for and am entitled to this amount of credit (\$ \_\_\_\_\_ .00) for 2011 under A.R.S. §§ 43-1088, 43-1089 and/or 43-1089.01. Refer to the instructions for Arizona Forms 321, 322 and/or 323 for credit limits.

Thank you,

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**For Employer Use Only**

Approved by: \_\_\_\_\_  
Total Contribution: \_\_\_\_\_  
Current withholding: \_\_\_\_\_

Date: \_\_\_\_\_  
Pay periods: \_\_\_\_\_  
Amount per pay period  
(not more than current): \_\_\_\_\_

Denied. Reason: \_\_\_\_\_

Employee Notified  Yes  No