



# ARIZONA DEPARTMENT OF REVENUE

## EMPLOYER AFFIDAVIT

TO BE COMPLETED BY THE EMPLOYER

Date: \_\_\_\_\_

To: Arizona Department of Revenue

From:

Name of Business: \_\_\_\_\_

Employer Identification Number (EIN): \_\_\_\_\_

Business Location Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

RE: Calendar Year 2012 Employment of: \_\_\_\_\_

(Legal name of employee)

During calendar year I employed the person named above. My records show that the above-named employee submitted a Social Security Number of \_\_\_\_\_ which I used for employment purposes.

For calendar year 2012 this employee had:

Total wages earned: \$ \_\_\_\_\_

Total Arizona tax withheld: \$ \_\_\_\_\_

I declare under penalties of perjury that all the information I have provided above is true and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Employer or Employer's Authorized Agent

\_\_\_\_\_  
Title

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

State of Arizona )

)

County of \_\_\_\_\_ )

Subscribed and sworn (or affirmed) before me this \_\_\_\_\_ day of

\_\_\_\_\_, 20 \_\_\_\_.

(seal)

\_\_\_\_\_  
Notary Public

### FOR DOR USE ONLY

Name used on tax return

\_\_\_\_\_  
Identification number used on tax return

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_