

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

For the calendar year 2015.

Due on or before February 28, 2016.

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

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

Check box if: Amended Return Address Changed

This Arizona Form A1-R is an information return. Do not submit any liability owed or try to claim refunds due with this return. To submit additional liability or claim a refund, file amended quarterly withholding tax Form(s) A1-QRT.

| | |
|--|----------------|
| REVENUE USE ONLY. DO NOT MARK IN THIS AREA. | |
| 88 | |
| 81 PM | 66 RCVD |

| | | |
|---|---|--|
| 1 Total Arizona Tax Withheld per federal Forms W-2, W-2c, W-2G and 1099-R | 1 | |
| 2 Total wages paid to Arizona employees for 2015 | 2 | |
| 3 Total number of Arizona employees in 2015 | 3 | |
| 4 Total number of federal Forms W-2, W-2c, W-2G, and 1099-R submitted | 4 | |
| 5 Information Return Penalty | 5 | |

Annual Summary of Amounts Reported on 2015 Arizona Forms A1-QRT

| | | |
|--|----|--------------------|
| | | Liability Reported |
| 6 First Quarter | 6 | |
| 7 Second Quarter | 7 | |
| 8 Third Quarter | 8 | |
| 9 Fourth Quarter | 9 | |
| 10 Total Annual Withholding Reported | 10 | |

Explain Why an Amended Form A1-R is Being Filed (include additional sheet, if necessary)

| | | | |
|---------------------------------|---|---|---------------------------------|
| 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 | TAXPAYER'S SIGNATURE _____ | DATE _____ | BUSINESS TELEPHONE NUMBER _____ |
| Paid Preparer's Use Only | 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 TELEPHONE NUMBER _____ | |
| | CITY _____ | STATE _____ | ZIP CODE _____ |

Mail return to: Arizona Department of Revenue, PO Box 29009, Phoenix, AZ 85038-9009