Arizona Form A1-QRT Arizona Quarterly Withholding Tax Return - Tax Recovery

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

DOR USE ONLY ❑ LABELED RETURN

POSTMARK DATE

I. Taxpayer Information
(See Instructions)

EIN

QUARTER AND YEAR *: Q Y Y Y Y

* Quarter (1, 2, 3 or 4) and four digits of year

Check box if: ❑ Amended Return ❑ Address Changed ❑ Final Return (*CANCEL ACCOUNT*)

Total Arizona Payroll for This Quarter.....

II. Tax Liability Schedule
(See instructions before completing this section)

A. Quarterly Tax Liability

Tax Liability.....

B. Monthly Tax Liability

Month 1 Liability.....
Month 2 Liability.....
Month 3 Liability.....

III. Tax Computation (See Instructions)

1. Liability (amount from A or total of three months in B)..... 1
2. Prior Payments Made for This Quarter..... 2
3. Total Amount Due - *Subtract line 2 from line 1. If less than zero, enter zero*..... 3

Make check payable to Arizona Department of Revenue; include EIN on payment.

Daily Tax Liability Schedule

A. Daily Tax Liability - 1st Month of Quarter (Semi-Weekly or One Banking Day)

1				8				15				22				29			
2				9				16				23				30			
3				10				17				24				31			
4				11				18				25				Check gray boxes for one-banking day withholding obligations only.			
5				12				19				26							
6				13				20				27							
7				14				21				28							

Month 1 Liability - *Enter total here and Part II B above*.....

B. Daily Tax Liability - 2nd Month of Quarter (Semi-Weekly or One Banking Day)

1				8				15				22				29			
2				9				16				23				30			
3				10				17				24				31			
4				11				18				25				Check gray boxes for one-banking day withholding obligations only.			
5				12				19				26							
6				13				20				27							
7				14				21				28							

Month 2 Liability - *Enter total here and Part II B above*.....

C. Daily Tax Liability - 3rd Month of Quarter (Semi-Weekly or One Banking Day)

1				8				15				22				29			
2				9				16				23				30			
3				10				17				24				31			
4				11				18				25				Check gray boxes for one-banking day withholding obligations only.			
5				12				19				26							
6				13				20				27							
7				14				21				28							

Month 3 Liability - *Enter total here and Part II B above*.....

TAX RECOVERY

AMENDED RETURN INFORMATION:

Explain why an amended return is being filed.

Reason for closing 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) _____

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	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 EIN, SSN, or PTIN	
	Firm's address	Zip code	

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