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

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

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

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*)

If this is your final return, the department will cancel your withholding account.
Complete the explanation section on page 2. (See Instructions.)
Enter date final wages paid _____.

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

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*.....

AMENDED RETURN INFORMATION:

Explain why an amended return is being filed.

Reason for cancellation 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) _____

Make check payable to: ARIZONA DEPARTMENT OF REVENUE (Include EIN on payment.)

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

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