Arizona Form
A1-QTC

Quarterly Payment of Reduced Withholding for Tax Credits

2021

Mail this form to the charitable organization, school tuition organization, or public school.
Please do not mail this form to the Arizona Department of Revenue.

Payment for: ☐ 1st Quarter ☐ 2nd Quarter ☐ 3rd Quarter ☐ 4th Quarter

EMPLOYER INFORMATION	
Employer's Name	Date Payment is Made M,M,D,D,Y,Y,Y,Y
Employer's Address – Number and street or PO Box	Employer's City, State and ZIP Code

CHARITABLE ORGANIZATION, SCHOOL TUITION ORGANIZATION, OR PUBLIC SCHOOL
Entity Name
Entity Address – Number and street or PO Box
Entity City, State and ZIP Code

Enclosed is a check in the amount of $_____ as a contribution made by our employees listed below. These employees elected to contribute to your organization using reduced withholding donations. **Please issue a receipt to each employee for the amount of his or her contribution**.

EMPLOYEE CONTRIBUTIONS

Employee Name	Address	City	State	ZIP Code	Phone Number (with area code)	Contribution
						$
						$
						$
						$
						$
					Total	$

☐ **Check this box if additional schedules are included.**

Enter the total from additional schedules $

Total Contributions $

Please contact me if you have any questions.

Sincerely,

SIGNATURE OF PAYROLL DEPARTMENT REPRESENTATIVE

DATE

PRINT NAME

TITLE

COMPANY NAME

PHONE NUMBER (with area code)

E-MAIL ADDRESS

PLEASE DO NOT MAIL THIS FORM TO THE ARIZONA DEPARTMENT OF REVENUE.