

# Arizona Quarterly Withholding Tax Return

# A1-QRT

305  
310

Make checks payable to: Arizona Department of Revenue

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

**Failure to make payment may result in a 25% penalty in addition to other penalties and interest required by law.**

For certain taxpayers, Arizona law requires that withholding taxes be paid at the same time as federal withholding deposits are due. *(See Instructions)*

B/D

P/M

State Withholding Number

Qtr	Year	Amended
-----	------	---------

Amount of Payment Enclosed

Dollars	Cents
---------	-------

Prior Payments Made for This Quarter

Dollars	Cents
---------	-------

Total Payments for This Quarter

Dollars	Cents
---------	-------

Check this box to cancel withholding account. Complete the explanation section on page 2. (See instructions).

Enter date final wages paid \_\_\_\_\_

FEIN		Total Federal Income Tax Withheld This Quarter For Arizona Employees (Without FICA)				Total Arizona Payroll This Quarter			
<b>A. Daily Tax Liability - 1st Month of Quarter (Semi-Weekly or One-Banking Day)</b>									
1			8		15		22		29
2			9		16		23		30
3			10		17		24		31
4			11		18		25		
5			12		19		26		
6			13		20		27		
7			14		21		28		
									Check gray boxes for one-banking day withholding obligations only.
<b>B. Daily Tax Liability - 2nd Month of Quarter (Semi-Weekly or One-Banking Day)</b>									
1			8		15		22		29
2			9		16		23		30
3			10		17		24		31
4			11		18		25		
5			12		19		26		
6			13		20		27		
7			14		21		28		
									Check gray boxes for one-banking day withholding obligations only.
<b>C. Daily Tax Liability - 3rd Month of Quarter (Semi-Weekly or One-Banking Day)</b>									
1			8		15		22		29
2			9		16		23		30
3			10		17		24		31
4			11		18		25		
5			12		19		26		
6			13		20		27		
7			14		21		28		
									Check gray boxes for one-banking day withholding obligations only.
Monthly Tax Liability	1st Month	AA			Quarterly Tax Liability	DD		Total Liability for Quarter	Z
	2nd Month	BB							
	3rd Month	CC							

**If this is an amended return, complete the following information:**

1. Total liability for quarter from section Z on page 1 of the amended return.
2. Total liability for quarter (section Z) previously reported on Form A1-QRT.
3. If the amount on line 2 is greater than the amount on line 1, enter the difference here.  
This is the amount of tax overpaid.
4. If the amount on line 1 is greater than the amount on line 2, enter the difference here.  
This is the amount of tax underpaid.

1		
2		
3		
4		

**NOTE:** If this amended return is being filed for a quarter in a prior year, attach an amended Form A1-R and the state copies of federal Forms W-2c for the prior year.

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) \_\_\_\_\_
- 

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
<hr/>			
Paid Preparer's Use Only			(     ) _____
	Preparer's signature	Date	Business telephone number
<hr/>			
	Firm's name (or preparer's, if self-employed)	Preparer's EIN or SSN or PTIN	
<hr/>			
	Firm's address	ZIP code	