

DO NOT file more than one original A1-QRT per EIN per quarter.

Part 1 Taxpayer Information (Refer to the instructions before completing Part 1.)

Business Name (As listed on the Arizona Joint Tax Application - Form JT-1)	Employer Identification Number (EIN)
Number and street or PO Box	QUARTER AND YEAR Q Y, Y, Y, Y
City or town, state and ZIP Code	↑ Enter Quarter (1, 2, 3 or 4) and four digits of year. See instructions.
Business telephone number (with area code)	REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88

Check box if:

A Amended Return **B** Address Change **C** Final Return (CANCEL ACCOUNT)

If this is your final return, the department will cancel your withholding account. Enter the date final wages were paid and complete Part 6 M M | D D | Y Y, Y Y

D Check this box if this form is being filed by the surviving employer and the periods covered by this return are for less than three (3) months. Also enter the following:

Predecessor Employer Name
Predecessor Employer EIN.....

81 PM	66 RCVD
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E Total Arizona payroll for this quarter..... \$

F Total number of employees paid Arizona wages for this quarter.....

Part 2 Tax Liability Schedule Include all withholding amounts from all sources (i.e. wages & salary, pensions & annuities, gambling winnings, etc.). See instructions.

A. Quarterly Deposit Schedule: Complete if prior 4 quarter average was not more than \$1,500.

A1 Tax Liability. Enter the total amount withheld during the quarter. Also enter this amount on Part 3, line 1 **A1**

Complete Section A above **OR** Section B below; **DO NOT COMPLETE BOTH.**

B. Monthly or Semi-Weekly/Next Day Deposit Schedule: Complete if prior 4 quarter average was greater than \$1,500.

Semi-weekly depositors and taxpayers with a next-day tax deposit obligation during the quarter, **CHECK THIS BOX** and complete Part 4.

For lines B1 through B3, enter the total amount withheld for each month in the quarter.

B1 Month 1 Liability.....	B1	
B2 Month 2 Liability.....	B2	
B3 Month 3 Liability.....	B3	
B4 Total. Enter this amount on Part 3, line 1.....	B4	

Part 3 Tax Computation (See instructions.)

1 Liability: Enter the amount from line A1 or line B4	1	
2 Payments made during this quarter.	2	
3 Total Amount Due: Subtract line 2 from line 1. Enter the difference. Use a minus sign to indicate a negative amount.	3	

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 EIN
	FIRM'S STREET ADDRESS		FIRM'S TELEPHONE NUMBER
	CITY	STATE	ZIP CODE

▶ **Payment by EFT may be required. See instructions.**
▶ **This form must be e-filed unless the taxpayer has a waiver or is exempt from e-filing. See instructions**

Part 4 Semi-Weekly/Next Day Deposit Schedule

A. First Month of Quarter (Days of the Month)					
1 <input type="checkbox"/>	8 <input type="checkbox"/>	15 <input type="checkbox"/>	22 <input type="checkbox"/>	29 <input type="checkbox"/>	Check a box only if you had a next-banking day deposit obligation.
2 <input type="checkbox"/>	9 <input type="checkbox"/>	16 <input type="checkbox"/>	23 <input type="checkbox"/>	30 <input type="checkbox"/>	
3 <input type="checkbox"/>	10 <input type="checkbox"/>	17 <input type="checkbox"/>	24 <input type="checkbox"/>	31 <input type="checkbox"/>	
4 <input type="checkbox"/>	11 <input type="checkbox"/>	18 <input type="checkbox"/>	25 <input type="checkbox"/>		
5 <input type="checkbox"/>	12 <input type="checkbox"/>	19 <input type="checkbox"/>	26 <input type="checkbox"/>		
6 <input type="checkbox"/>	13 <input type="checkbox"/>	20 <input type="checkbox"/>	27 <input type="checkbox"/>		
7 <input type="checkbox"/>	14 <input type="checkbox"/>	21 <input type="checkbox"/>	28 <input type="checkbox"/>		
Month 1 Liability: Enter total here and on Part 2, line B1.....					\$

B. Second Month of Quarter (Days of the Month)					
1 <input type="checkbox"/>	8 <input type="checkbox"/>	15 <input type="checkbox"/>	22 <input type="checkbox"/>	29 <input type="checkbox"/>	Check a box only if you had a next-banking day deposit obligation.
2 <input type="checkbox"/>	9 <input type="checkbox"/>	16 <input type="checkbox"/>	23 <input type="checkbox"/>	30 <input type="checkbox"/>	
3 <input type="checkbox"/>	10 <input type="checkbox"/>	17 <input type="checkbox"/>	24 <input type="checkbox"/>	31 <input type="checkbox"/>	
4 <input type="checkbox"/>	11 <input type="checkbox"/>	18 <input type="checkbox"/>	25 <input type="checkbox"/>		
5 <input type="checkbox"/>	12 <input type="checkbox"/>	19 <input type="checkbox"/>	26 <input type="checkbox"/>		
6 <input type="checkbox"/>	13 <input type="checkbox"/>	20 <input type="checkbox"/>	27 <input type="checkbox"/>		
7 <input type="checkbox"/>	14 <input type="checkbox"/>	21 <input type="checkbox"/>	28 <input type="checkbox"/>		
Month 2 Liability: Enter total here and on Part 2, line B2.....					\$

C. Third Month of Quarter (Days of the Month)					
1 <input type="checkbox"/>	8 <input type="checkbox"/>	15 <input type="checkbox"/>	22 <input type="checkbox"/>	29 <input type="checkbox"/>	Check a box only if you had a next-banking day deposit obligation.
2 <input type="checkbox"/>	9 <input type="checkbox"/>	16 <input type="checkbox"/>	23 <input type="checkbox"/>	30 <input type="checkbox"/>	
3 <input type="checkbox"/>	10 <input type="checkbox"/>	17 <input type="checkbox"/>	24 <input type="checkbox"/>	31 <input type="checkbox"/>	
4 <input type="checkbox"/>	11 <input type="checkbox"/>	18 <input type="checkbox"/>	25 <input type="checkbox"/>		
5 <input type="checkbox"/>	12 <input type="checkbox"/>	19 <input type="checkbox"/>	26 <input type="checkbox"/>		
6 <input type="checkbox"/>	13 <input type="checkbox"/>	20 <input type="checkbox"/>	27 <input type="checkbox"/>		
7 <input type="checkbox"/>	14 <input type="checkbox"/>	21 <input type="checkbox"/>	28 <input type="checkbox"/>		
Month 3 Liability: Enter total here and on Part 2, line B3.....					\$

Part 5 Amended Form A1-QRT Return Information

If you checked the box "Amended Return" in Part 1, explain why an amended Form A1-QRT is being filed (include additional sheets, if necessary):

Part 6 Final Form A1-QRT

If you checked the box "Final Return" in Part 1, check the box that indicates why this is a final return:

- 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): _____

- 7 Check this box if records will be kept at a location different from the address shown in Part 1.
 Name: _____
 Number and Street: _____
 City: _____ State: _____ ZIP Code: _____

- 8 Check this box if there is a successor employer.
 Name: _____ EIN: _____
 Number and Street: _____
 City: _____ State: _____ ZIP Code: _____