Arizona Form
A1-QRT

Arizona Quarterly Withholding Tax Return

File no more than one original A1-QRT per EIN per quarter.

View Instructions

Part 1 Taxpayer Information

Name	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: ☐ Amended Return ☐ Address Change ☐ 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

81 PM | 66 RCVD

☐ 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 .....

Total Arizona payroll for this quarter ..... $

Total number of Arizona employees for this quarter .....

Part 2 Tax Liability Schedule (Complete *either* line A1 *or* lines B1 through B4. **DO NOT COMPLETE BOTH.** See instructions.)

A. Quarterly Deposit Schedule

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

B. Monthly Deposit Schedule

For lines B1 through B3, this is the 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**

Taxpayers who are semi-weekly depositors or who incurred a next-day tax liability during the quarter, **CHECK THIS BOX** and complete Part 4.. ☐

Part 3 Tax Computation (See instructions.)

1 Liability: Enter the amount from line A1 or line B4 ..... **1**

2 Payments made during this quarter. **Do NOT include any payment made with or for this return** **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 OR ☐ SSN

FIRM'S STREET ADDRESS | FIRM'S TELEPHONE NUMBER

CITY | STATE | ZIP CODE

▶ **Make check payable to:** **Arizona Department of Revenue. Include EIN on payment.**

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

Print Page

Name (as shown on page 1)	EIN

Part 4 Semi-Weekly Deposit Schedule

A. First Month of Quarter (Days of the Month)

1 ☐	8 ☐	15 ☐	22 ☐	29 ☐
2 ☐	9 ☐	16 ☐	23 ☐	30 ☐
3 ☐	10 ☐	17 ☐	24 ☐	31 ☐
4 ☐	11 ☐	18 ☐	25 ☐	**Check a box only if you had a next-banking day withholding obligation.**
5 ☐	12 ☐	19 ☐	26 ☐	
6 ☐	13 ☐	20 ☐	27 ☐	
7 ☐	14 ☐	21 ☐	28 ☐	

Month 1 Liability: Enter total here and on Part 2, line B1..... $

B. Second Month of Quarter (Days of the Month)

1 ☐	8 ☐	15 ☐	22 ☐	29 ☐
2 ☐	9 ☐	16 ☐	23 ☐	30 ☐
3 ☐	10 ☐	17 ☐	24 ☐	31 ☐
4 ☐	11 ☐	18 ☐	25 ☐	**Check a box only if you had a next-banking day withholding obligation.**
5 ☐	12 ☐	19 ☐	26 ☐	
6 ☐	13 ☐	20 ☐	27 ☐	
7 ☐	14 ☐	21 ☐	28 ☐	

Month 2 Liability: Enter total here and on Part 2, line B2..... $

C. Third Month of Quarter (Days of the Month)

1 ☐	8 ☐	15 ☐	22 ☐	29 ☐
2 ☐	9 ☐	16 ☐	23 ☐	30 ☐
3 ☐	10 ☐	17 ☐	24 ☐	31 ☐
4 ☐	11 ☐	18 ☐	25 ☐	**Check a box only if you had a next-banking day withholding obligation.**
5 ☐	12 ☐	19 ☐	26 ☐	
6 ☐	13 ☐	20 ☐	27 ☐	
7 ☐	14 ☐	21 ☐	28 ☐	

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: _____