

# Arizona Form A1-APR Arizona Annual Payment Withholding Tax Return 2011

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

## I. Taxpayer Information

Name
Number and street or PO Box
City or town, state, and ZIP code
Business telephone number

EIN:
Period End: <b>12/31/2011</b>

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.	
POSTMARK DATE	

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 \_\_\_\_\_.

## II. Arizona Withholding Tax Liability

1. Total Annual Withholding Tax Liability..... 

1		
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## III. Tax Payments

2. Withholding tax payments previously made - see instructions .....	2		
3. Amount of tax paid when filing extension request - see instructions .....	3		
4. Total payments - see instructions .....	4		
5. <b>Balance of tax due</b> - If line 1 is larger than line 4, enter balance of tax due. Skip line 6. Payment must accompany return.....	5		
6. <b>Overpayment of tax</b> - If line 4 is larger than line 1, enter overpayment of tax .....	6		

## IV. Federal Form Transmittal Information

7. Total amount of Arizona income tax withheld (as shown on federal Forms W-2, W-2c, W-2G, and 1099-R).....	7		
8. Total wages paid to Arizona employees.....	8		
9. Number of Arizona employees.....	9		
10. Number of federal Forms W-2, W-2c, W-2G, and 1099-R.....	10		

Instructions: If line 1 does not equal line 7, you have misreported your annual tax withholdings OR you have misreported your employee wage withholdings.

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	_____	_____	_____
	Preparer's signature	Date	Preparer's EIN, PTIN or SSN
	_____	_____	_____
	Firm's name (or preparer's, if self-employed)	Firm's <input type="checkbox"/> EIN or <input type="checkbox"/> SSN	
_____	_____	_____	
Firm's address	Zip code	Firm's telephone number	

**Explain why an amended Form A1-APR is being filed:**

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**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)

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Make check payable to:	<b>ARIZONA DEPARTMENT OF REVENUE (Include EIN on payment.)</b>
Send return and payment to:	<b>Arizona Department of Revenue, PO Box 29009, Phoenix AZ 85038-9009</b>

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