Arizon	a Form
A1	I-C

# **Arizona Charitable Withholding Statement**

2018

ZIP CODE

STATE

Form A1-C is due on or before January 30, 2019. Do not mail with Form A1-R or Form A1-APR.

Mail form and d	locuments to		omic Research and Analysis • Ariz	zona Department of F	_	-	29099 • Phoer	ıix, AZ 85	5038-9099
Part 1 Emp	ployer Inforr			<u>.</u>					
Employer Name					Empl	Employer Identification Number (EIN)			
Number and street or PO I	Box								
City or town, state and ZIF	P Code				Rusir		e number (with area o	code)	
city of town, state and 21	r couc				Dusin	css telephone	; Humber (with area c	.ode,	
Check box if:	Amended Sta	itement	Change						
Part 2 Pay	ments Made	e on Behalf of Emr	ployees (if necessary, include conti	nuation sheet(s))					
CHARITY'S name, stre	eet address, city,	, state, and ZIP Code					CHARITY'S fede	ral identifica	ation number
									I
						ZIP		Term	
Employee N	Name	SSN	Address	City	State	Code	Contribution	Date	Amended
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						<del> </del>	\$	<u> </u>	
							\$		
						i	\$	i	
	<u> </u>						\$		
Part 3 Exp	olain Why an	n Amended Form A	A1-C is Being Filed (if necessary, ir	nclude additional shee	t)				
_	-	•			<del>'</del>				
Declaration	Under pen	nalties of periury. I dec	clare that I have examined this statemer	nt and to the best of my k	nowledge	and belief.	it is true, comple	te and cor	rrect.
Please	•	onico o poljenj, 1 1 1 1		, ,		, ,			
Sign Here	EMPLOYER'	'S SIGNATURE			DATE		BUSIN	NESS PHONE	= NUMBER
		3 01010110112			<b>2</b> , =	-			, Nomber
Paid Preparer's	PAID PREPA	RER'S SIGNATURE DATE			DATE PAID PREPARER'S PTIN				3 PTIN
Use Only	FIRM'S NAM	IE (OR PAID PREPARER'S	NAME, IF SELF-EMPLOYED)			FIRM'S EIN OR SSN			SSN
	FIRM'S STR	PEET ADDRESS					— FIRM"	S PHONE NII	IMRER

ADOR 10754 (17)

CITY

Name (as shown on page 1)	EIN	
		Page of

## Payments Made on Behalf of Employees Continued

CHARITY'S name, street address, city, state, and ZIP Code	CHARITY'S federal identification number

Employee Name	SSN	Address	City	State	ZIP Code	Contribution	Term Date	Amended
						\$		
						\$		
						\$		
						\$		
						\$		
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## 2018 Arizona Charitable Withholding Statement

A1-C

## For information or help, call one of these numbers:

Phoenix (602) 255-3381 From area codes 520 and 928, toll–free (800) 352-4090

## Tax forms, instructions and other tax information

If you need tax forms, instructions, and other tax information, go to the department's website at **www.azdor.gov** 

## Withholding Tax Procedures and Rulings

These instructions may refer to the department's withholding tax procedures and rulings. To view or print these, go to our website and click on *Legal Research* then click on *Procedures* or *Rulings* and select a tax type from the drop down menu.

#### Publications

To view or print the department's publications, go to our website and click on *Publications*.

## **General Instructions**

Arizona permits employees to reduce their income tax withholding and have that amount forwarded to qualifying organizations by their employer. The following conditions apply:

- The employee must make his or her request in writing;
- The employer must agree to reduce the amount of the employee's income tax withholding;
- Only contributions to the following qualify:
  - Contributions to qualifying charitable organizations claimed on Arizona Form 321;
  - Contributions or fees paid to public schools claimed on Arizona Form 322;
  - Contributions to school tuition organizations claimed on Arizona Form 323;
  - Contributions to certified school tuition organizations claimed on Arizona Form 348; or
  - Contributions to qualifying foster care charitable organizations claimed on Arizona Form 352.
- Form A1-C for calendar year 2018 is due January 30, 2019.
- Do not mail this form with any other withholding form.

### Who Must File Form A1-C

Employers that made payments of reduced withholding from employees to charitable organizations must file this form to report the amount(s) withheld and paid to charitable organizations on behalf of their employee(s). This information must be provided to the department. Each employee who requested his or her withholding be reduced and paid to a charitable organization must receive his or her withholding and contribution information.

The employer may substitute its own schedule rather than file Form A1-C. The substitute schedule must provide the same information as Form A1-C.

**NOTE:** Employers that file Form A1-C still must file either Form A1-APR or Form A1-R.

## **Filing Original Statements and Due Date**

Form A1-C must be filed within 30 days after the end of the calendar year (January 30), or within 15 days after the termination of an employee whose withholding was reduced.

If the due date falls on a Saturday, Sunday, or legal holiday, the statement is considered timely if it is filed by the next business day.

## Mail the statement to:

Office of Economic Research and Analysis Arizona Department of Revenue PO Box 29099 Phoenix, AZ 85038-9099

**NOTE:** Do not mail Form A1-C with any other withholding form(s).

## **Specific Instructions**

## Part 1 – Employer Information

Enter the employer's name, Employer Identification Number (EIN), address, and phone number where indicated. If the employer has a foreign address, enter the information in the following order: city, province or state, and country. Follow the country's practice for entering the postal code. **Do not abbreviate the country's name.** 

All returns, statements, and other documents filed with the department require a taxpayer identification number (TIN). Taxpayers that fail to include their TIN may be subject to a penalty. Paid tax return preparers must include their TIN where requested. The TIN for a paid tax return preparer is the individual's Social Security Number or the EIN of the business. Paid preparers that fail to include their TIN may be subject to a penalty.

## **Check Boxes:**

If this is an amended statement, check the box "Amended Statement." Enter the corrected information in the appropriate areas and check the "Amended" box for each employee's information that was amended. Complete Part 3 to explain why an amended statement is being filed.

If the employer's address changed, check the box, "Address Change." Ensure the employer's new address is entered in Part 1.

## Part 2 – Payments Made on Behalf of Employees

Complete Part 2 to report contributions made by the employer to the qualifying charitable organizations on behalf of its employees.

- Type or print the charity's name, mailing address, and federal identification number in the spaces provided.
- Complete one Form A1-C for each charity to whom the employees' requested payments of reduced withholding were made.
- Type or print the employee's name, SSN, address, city, state, zip code, charitable contribution (to the charity), and term date (if applicable) in the spaces provided. If more than 5 employees contribute to the same charity, complete the continuation sheet on page 2.
- Include continuation sheet(s) as needed. Include the employer name and EIN at the top of each continuation sheet filed to the department.
- Check the "Amended" box if the employer is filing an amended statement.

Sign and date the form where indicated and mail it to the department's address indicated above.