

**Please do not mail this form to the
Arizona Department of Revenue.**

Employer's Address – Number and street or PO Box

Employer's City, State and ZIP Code

Date

TO:

| |
|--|
| Entity Name |
| Entity Address – Number and street or PO Box |
| Entity City, State and ZIP Code |

RE: Calendar Year 2016

Enclosed is \$ _____ in payment of reduced withholding donations, made on behalf of all employees noted below. **Issue a receipt to each employee for the amount indicated.**

| | EMPLOYEE 1 | EMPLOYEE 2 | EMPLOYEE 3 |
|-----------------------------------|------------|------------|------------|
| Employee's Name: | | | |
| Employee's Street Address: | | | |
| Employee's City, State, ZIP Code: | | | |
| Phone Number (with area code): | | | |
| Amount Enclosed: | | | |

If this box is checked, additional forms are included.

Please contact me if you have any questions.

Sincerely,

SIGNATURE OF PAYROLL DEPARTMENT REPRESENTATIVE

DATE

PRINT NAME

TITLE

COMPANY NAME

PHONE NUMBER (with area code)

E-MAIL ADDRESS

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