

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

Employer's Name
Employer's Address – Number and street or PO Box
Employer's City, State and ZIP Code
Date Payment is Made M, M, D, D, Y, Y, Y, Y

TO:

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

RE: Calendar Year 2017

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 CONTRIBUTIONS			
	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

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