

Arizona Department of Revenue
 PO Box 25248 - Phoenix AZ 85002-5248

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

I. Employer Information

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

Due on or before January 31, 2011.

EIN:
Period End: 12/31/2010

Check box if: Amended Statement Address Changed

II. Payments Made on Behalf of Employees (Attach continuation sheet(s), if necessary):

Charitable Withholding Statement

Charity's name, street address, city, state, and ZIP code		
Charity's Federal identification number	Employee's Social Security number	
Employee's name		
Street address (including apt. no.)		
City, state, and ZIP code		
2010	1 Employee contributions made in 2010.	2 Termination date (if applicable).
	\$	

Charitable Withholding Statement

Charity's name, street address, city, state, and ZIP code		
Charity's Federal identification number	Employee's Social Security number	
Employee's name		
Street address (including apt. no.)		
City, state, and ZIP code		
2010	1 Employee contributions made in 2010.	2 Termination date (if applicable).
	\$	

ADOR 91-5620 (09) CORRECTED (if checked)

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III. Explain why an amended Form A1-C is being filed (attach additional sheet, if necessary):

Send Form and any attachments to: Arizona Department of Revenue, PO Box 25248, Phoenix AZ 85002-5248

The payments have been made in the amount indicated to the charity or charities indicated.

Please Sign Here	Signature	Date	() Business telephone number
Paid Preparer's Use Only	Preparer's signature	Date	() Business telephone number
	Firm's name (or preparer's, if self-employed)	Preparer's TIN	
Firm's address		Zip code	

Charitable Withholding Statement

Charity's name, street address, city, state, and ZIP code		
Charity's Federal identification number	Employee's Social Security number	
Employee's name Street address (including apt. no.) City, state, and ZIP code		
2010 \$	1 Employee contributions made in 2010.	2 Termination date (if applicable).

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