

Quarterly Payment of Reduced Withholding for Tax Credits

2024

Mail this form to the charitable organization, school tuition organization, or public school. Please do not mail this form to the Arizona Department of Revenue. Payment for: ☐ 1st Quarter ☐ 2nd Quarter ☐ 3rd Quarter ☐ 4th Quarter **EMPLOYER INFORMATION** Employer's Name Date Payment is Made Employer's Address - Number and street or PO Box Employer's City, State and ZIP Code CHARITABLE ORGANIZATION, SCHOOL TUITION ORGANIZATION, OR PUBLIC SCHOOL **Entity Name** Entity Address - Number and street or PO Box Entity City, State and ZIP Code Enclosed is a check in the amount of \$ as a contribution made by our employees listed below. These employees elected to contribute to your organization using reduced withholding donations. Please issue a receipt to each employee for the amount of his or her contribution. **EMPLOYEE CONTRIBUTIONS** ZIP **Phone Number Employee Name** Address City State Code (with area code) Contribution \$ \$ \$ \$ Total \$ ☐ Check this box if additional schedules are included. Enter the total from additional schedules \$ **Total Contributions** \$ 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