

**Mail this form to the charitable organization or 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						
Employee Name	Address	City	State	ZIP Code	Phone Number (with area code)	Contribution
						\$
						\$
						\$
						\$
						\$
Total						\$
<input type="checkbox"/> 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

PLEASE DO NOT MAIL THIS FORM TO THE ARIZONA DEPARTMENT OF REVENUE.