

Arizona Form A1-QRT

Arizona Quarterly Withholding Tax Return

Arizona Department of Revenue

PO Box 29009 -- Phoenix AZ 85038-9009

DOR USE ONLY	<input type="checkbox"/> LABELED RETURN
POSTMARK DATE	

I. Taxpayer Information

(See Instructions)



XYZ ADMINISTRATORS

100 N WONDERFUL WAY
PHOENIX, AZ 85040

FEIN	99-9999999
QUARTER AND YEAR *: 1203	

* Quarter (1, 2, 3 or 4) and four positions of year

Check box if: Amended Return Address Changed Final Return

Total Arizona Payroll for This Quarter.

6316445

Form A1-QRT Due Dates:

- First quarter -- April 30
- Second quarter -- July 31
- Third quarter -- October 31
- Fourth quarter -- January 31

II. Tax Liability Schedule

(See instructions before completing this section)

A. Quarterly Tax Liability

Tax Liability

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B. Monthly Tax Liability

Month 1 Liability	52436
Month 2 Liability	48388
Month 3 Liability	49547

Taxpayers who incurred a semi-weekly or one-banking day tax liability during the quarter must complete the daily tax liability schedule on page 2, **AND CHECK THIS BOX.**

III. Tax Computation

(See Instructions)

1. Liability (amount from A or total of three months in B)	1	150371
2. Prior Payments Made for This Quarter	2	
3. Total Amount Due -- Subtract line 2 from line 1. If less than zero, enter zero . . .	3	150371

Make checks payable to: Arizona Department of Revenue

Send to: Arizona Department of Revenue, PO Box 29009, Phoenix AZ 85038-9009

Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief, it is a true, complete and correct return.

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 EIN, SSN, or PTIN	
	Firm's address	Zip code	

Complete amended return information section on page 2, if amended return box is checked.

ADOR 91-1061 (04)

Complete reason for closing account section on page 2, if final return box is checked.