

**Arizona Form A1-C****Arizona Charitable Withholding Statement**

Arizona Department of Revenue  
Office of Economic Research and Analysis  
PO Box 29099 - Phoenix AZ 85038-9099

Due on or before January 30, 2015.

EIN
Period End <b>12/31/2014</b>

**Please do not mail with Form A1-R or Form A1-APR.**

**I. Employer Information**

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

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.	
<b>88</b>	
<b>81</b> PM	<b>66</b> RCVD

Check box if: ☐ Amended Statement ☐ Address Changed

**II. Payments Made on Behalf of Employees** (if necessary, attach continuation sheet(s))**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		
<b>2014</b>	1 Employee contributions made in 2014.	2 Termination date (if applicable).
	\$	

ADOR 10754 (13)

☐ CORRECTED (if checked)

**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		
<b>2014</b>	1 Employee contributions made in 2014.	2 Termination date (if applicable).
	\$	

ADOR 10754 (13)

☐ CORRECTED (if checked)

**III. Explain Why an Amended Form A1-C is Being Filed** (if necessary, attach additional sheet)

Send form and any attachments to: Arizona Department of Revenue, Office of Economic Research and Analysis,  
PO Box 29099, Phoenix, AZ 85038-9099

<b>Declaration</b>	Under penalties of perjury, I declare that I have examined this statement and to the best of my knowledge and belief, it is true, complete and correct.		
<b>Please Sign Here</b>	EMPLOYER'S SIGNATURE	DATE	( ) BUSINESS PHONE NUMBER
<b>Paid Preparer's Use Only</b>	PAID PREPARER'S SIGNATURE	DATE	PAID PREPARER'S PTIN
	FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED)		FIRM'S <input type="checkbox"/> EIN OR <input type="checkbox"/> SSN
	FIRM'S STREET ADDRESS		( ) FIRM'S PHONE NUMBER.
	CITY	STATE	ZIP CODE

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**Charitable Withholding Statement**

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Employee's name		
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