

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, 2012.

EIN:
Period End: 12/31/2011

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		
2011	1 Employee contributions made in 2011.	2 Termination date (if applicable).
	\$	

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	\$	

ADOR 10754 (10)
 Previous ADOR 91-5620 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**

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.

Please Sign Here	Employer's signature	Date	Business telephone number

Paid Preparer's Use Only	Preparer's signature	Date	Preparer's EIN, PTIN or SSN
	Firm's name (or preparer's, if self-employed)		Firm's <input type="checkbox"/> EIN or <input type="checkbox"/> SSN
	Firm's address	Zip code	Firm's telephone number

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Employee's name Street address (including apt. no.) City, state, and ZIP code		
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