

**Provide this form to your employer.
Do not mail this form to the Arizona Department of Revenue.**

Employee's Name	Employee's SSN
Employee's Address – Number and street or PO Box	
Employee's City, State and ZIP Code	

TO:

Employer's (Company) Name
Employer's Address – Number and street or PO Box
Employer's City, State and ZIP Code

At my employer's option, I request that my withholding be reduced in accordance with Arizona Revised Statutes (A.R.S.) § 43-401(G) and that quarterly payments be made on my behalf to the following charity(ies), public school(s), or school tuition organization(s) [Entity]:

QUALIFYING CHARITIES, PUBLIC SCHOOLS, OR SCHOOL TUITION ORGANIZATIONS					
FIRST ENTITY	Entity Name			Employer Identification No. (if known)	
	Entity Street Address			Phone No. (with area code)	
	Entity City	State	ZIP Code	Annual Amount: \$.00	
SECOND ENTITY	Entity Name			Employer Identification No. (if known)	
	Entity Street Address			Phone No. (with area code)	
	Entity City	State	ZIP Code	Annual Amount: \$.00	
THIRD ENTITY	Entity Name			Employer Identification No. (if known)	
	Entity Street Address			Phone No. (with area code)	
	Entity City	State	ZIP Code	Annual Amount: \$.00	

If this box is checked, additional entities are designated on a separate sheet.

I qualify for and am entitled to this amount of credit (\$ _____ .00) for 2021 under A.R.S. §§ 43-1088, 43-1089, 43-1089.01 and/or 43-1089.03. Refer to the instructions for Arizona Forms 321, 322, 323, 348, and/or 352 for credit limits.

EMPLOYEE'S SIGNATURE _____

DATE _____

PRINT NAME _____

FOR EMPLOYER USE ONLY			
<input type="checkbox"/> Approved by:			Date
Total Contribution \$	Pay Periods	Current Withholding \$	Amount Per Pay Period (not more than current): \$
<input type="checkbox"/> Denied – Indicate reason:			Employee Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No

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2021 Request for Reduced Withholding To Designate for Tax Credits

Arizona Form A-4C

For information or help, call one of these numbers:

Phoenix (602) 255-3381
From area codes 520 and 928, toll-free (800) 352-4090

Tax forms, instructions, and other tax information

If you need tax forms, instructions, and other tax information, go to the department's website at www.azdor.gov.

Withholding Tax Procedures and Rulings

These instructions may refer to the department's withholding tax procedures and rulings for more information. To view or print these, go to our website and click on *Reports & Legal Research* then click on *Legal Research* and select a Document Type and Category from the drop down menus.

Publications

To view or print the department's publications, go to our website and click on *Reports & Legal Research*. Then click on *Publications*.

General Instructions

Arizona Revised Statutes § 43-401(G) provides that an employee may request that his or her employer reduce his or her withholding in an amount equal to income tax credit(s) the employee will qualify for when filing his or her income tax return.

Purpose of Form

An employee may use this form to request his or her employer to reduce his or her state income tax withholding by the amount the employee wishes to contribute to the following organizations (Entities):

- Contributions to qualifying charitable organizations, claimed on Arizona Form 321;
- Contributions made or fees paid to public schools, claimed on Arizona Form 322;
- Contributions to private school tuition organizations, claimed on Arizona Form 323;
- Contributions to certified school tuition organizations claimed on Arizona Form 348; or,
- Contributions to qualifying foster care charitable organizations claimed on Arizona Form 352.

This form is optional and is provided as a courtesy by the Arizona Department of Revenue. The same result can be accomplished using your own form or a letter.

Do not mail this form to the Arizona Department of Revenue. Provide this form to your employer's human resource or payroll office.

Specific Instructions

Type or print your name and address in the box in the upper left corner of the form. Type or print your employer's name and address in the box labeled "TO:"

Complete the form's worksheet by entering the name and requested information for each Entity to which you wish to contribute. If you are contributing to more than three (3) Entities, check the box indicating additional Entities are designated on a separate sheet. Provide that sheet along with Form A-4C to your employer.

Enter the total amount of credit for each Entity you are claiming for the tax year in the space provided.

Sign and date Form A-4C where indicated. Print your name below your signature.

Provide the completed form to your employer. Keep a copy of the completed form and any supporting documents for your records.

NOTE:

Your employer is not required to grant this request.

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