

2025 Quarterly Payment of Reduced Withholding for Tax Credits

Arizona Form A1-QTC

For information or help, call one of the numbers listed:

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 select *Reports & Legal Research*. On the next page, click on *Legal Research*. Select a Document Type and a Category from the drop down menus. If you know the document ID number you may enter it in the Search field and then press enter.

Publications

To view or print the department's publications, go to our website, scroll down, click on *Reports & Legal Research*, and click on *Publications* in the right hand column.

General Instructions

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

Purpose of the Form

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.

Employers use this form to report contributions made by their employees to qualifying organizations, school tuition organizations, and/or public schools (Entity).

Please do not mail this form to the Arizona Department of Revenue. Mail the completed form to the Entity listed in the box labeled "CHARITABLE ORGANIZATION, SCHOOL TUITION ORGANIZATION, OR PUBLIC SCHOOL." Keep a copy of the completed form, and any attachments, for the employer's records.

Specific Instructions

Check the box to indicate the calendar quarter for which this form is completed.

Employer Information

Type or print the employer's name, address, and date the payment was made in the spaces provided.

Charitable Organization, School Tuition Organization, or Public School

Type or print the Entity's name and mailing address in the spaces provided.

Enter the payment amount enclosed. This should be the total amount of all employees' contributions to the Entity.

Employee Contributions

Type or print the employee's name, address, city, state, zip code, phone number, and the amount of contribution to the entity in the spaces provided. Total the amount of contributions made to the entity. Enter the result on the "Total" line.

If additional schedules are included, check the box indicating "Check this box if additional schedules are included." Enter the total from all additional schedules on the line labeled "Enter the total from additional schedules."

Add the amounts on the "Total" line and the "Total from additional schedules" line. Enter the result on the "Total Contributions" line.

Sign and date Form A1-QTC where indicated. Complete the information boxes below your signature, in case the Entity needs to contact you with any questions.

Mail the completed form to the Entity indicated in the box labeled "CHARITABLE ORGANIZATION, SCHOOL TUITION ORGANIZATION, OR PUBLIC SCHOOL."

Keep a copy of the completed form, and any attachments, for the employer's records.

**Mail this form to the charitable organization, school tuition organization, or public 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.