

**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

<b>EMPLOYER INFORMATION</b>	
Employer's Name	Date Payment is Made <b>MM DD YYYY</b>
Employer's Address – Number and street or PO Box	Employer's City, State and ZIP Code

<b>CHARITABLE ORGANIZATION, SCHOOL TUITION ORGANIZATION, OR PUBLIC SCHOOL</b>	
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.**

<b>EMPLOYEE CONTRIBUTIONS</b>						
Employee Name	Address	City	State	ZIP Code	Phone Number (with area code)	Contribution
						\$
						\$
						\$
						\$
						\$
						\$
						<b>Total</b> \$
<input type="checkbox"/> Check this box if additional schedules are included.						Enter the total from additional schedules \$
						<b>Total Contributions</b> \$

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

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