



ARIZONA PRIVATE EDUCATION SCHOLARSHIP FUND, INC.

Dear Employer:

The Arizona Private Education Scholarship Fund (APESF), a School Tuition Organization, has recently received a request by one or more of your employees to take advantage of the voluntary Arizona Charitable Withholding Election (A.R.S. §43-401). This Arizona state law gives employers the option to redirect a portion or all of an employee's payroll withholding amount *at their request* to a qualifying charitable organization under A.R.S. §43-1088, A.R.S. §43-1089 or A.R.S. §43-1089.01. The Arizona Private Education Scholarship Fund is a certified School Tuition Organization under A.R.S. §43-1089. *To view a list of organizations that are currently certified, please visit www.azdor.gov.*

If you elect to participate and honor your employee's request, the following apply:

Set Up: Within 30 days after agreeing to the employee's request, the employer must reduce the withholding amount by the amount of the credit, but not below zero, prorated for the number of pay periods remaining in the employee's taxable year after the employee makes the request. The employee/employer together may determine an appropriate amount to reduce if the employee does not intend to give the full amount of the credit for the current tax year.

Quarterly: The employer is required by law to make quarterly payments to the charitable organization (APESF) on behalf of the employee. See attached [Arizona Form A1-QTC](#).

Annually: The employer must complete [Arizona Form A1-C](#), Arizona Charitable Withholding Statement, to report payments made to charitable organizations by the employee to the AZ Department of Revenue. This statement must be filed with ADOR **and sent to the employee** by January 30 of the year following the calendar year in which donations were withheld, or within 15 days of termination of an employee whose withholdings were reduced. APESF will provide individual donation receipts to the employee as the employer receives contributions.

The following documents are attached:

- [Arizona Form A-4C](#): This is the form submitted by your employee to make the charitable withholding election. Your participation is optional. Please notify the employee of your decision.
- [Arizona Form A1-QTC](#): This form is submitted quarterly to the charitable organization (APESF) on behalf of the employee. APESF will issue a receipt to each employee for the amount indicated.
- [Arizona Form A-1C](#): This form must be submitted to the ADOR and given to your employee(s) by January 30 of each year or within 15 days of the employee leaving your company.

Please contact us at 480.699.8911 or email helpdesk@apesf.org if you have any questions.

Thank you,

Mark Moerkerke
Executive Director

"Take the Credit" for School Choice

Please do not mail this form to the Arizona Department of Revenue. Provide it to your employer.

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

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), school(s), and school tuition organization(s) [entity]:

ENTITY 1	Entity Name			Employer Identification No. (if known)
	Entity Street Address			Phone No. (with area code)
	Entity City	State	ZIP Code	Annual Amount: \$
ENTITY 2	Entity Name			Employer Identification No. (if known)
	Entity Street Address			Phone No. (with area code)
	Entity City	State	ZIP Code	Annual Amount: \$
ENTITY 3	Entity Name			Employer Identification No. (if known)
	Entity Street Address			Phone No. (with area code)
	Entity City	State	ZIP Code	Annual Amount: \$

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

I qualify for and am entitled to this amount of credit (\$ _____ .00) for 2015 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 and/or 348 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

Please do not mail this form to the Arizona Department of Revenue.

**Please do not mail this form to the
Arizona Department of Revenue.**

Employer's Address – Number and street or PO Box

Employer's City, State and ZIP Code

Date

TO:

Entity Name
Entity Address – Number and street or PO Box
Entity City, State and ZIP Code

RE: Calendar Year 2015

Enclosed is \$ _____ in payment of reduced withholding donations, made on behalf of all employees noted below. **Issue a receipt to each employee for the amount indicated.**

	EMPLOYEE 1	EMPLOYEE 2	EMPLOYEE 3
Employee's Name:			
Employee's Street Address:			
Employee's City, State, ZIP Code:			
Phone Number (with area code):			
Amount Enclosed:			

If this box is checked, additional forms are included.

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.

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, 2016.

Employer Identification Number (EIN)

Period End

12/31/2015

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

88

81 PM

66 RCVD

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

Part I Employer Information

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

Check box if: Amended Statement Address Changed

Part II Payments Made on Behalf of Employees (if necessary, include continuation sheet(s))

Charitable Withholding Statement		
CHARITY'S name, street address, city, state, and ZIP Code		
CHARITY'S federal identification no.		EMPLOYEE'S Social Security no.
EMPLOYEE'S name		
EMPLOYEE'S street address (including apt. no.)		
EMPLOYEE'S city, state, ZIP Code		
2015	1 Employee contributions made in 2015	2 Termination date (if applicable)
	\$	M M D D Y Y Y Y

CORRECTED (if checked)

Charitable Withholding Statement		
CHARITY'S name, street address, city, state, and ZIP Code		
CHARITY'S federal identification no.		EMPLOYEE'S Social Security no.
EMPLOYEE'S name		
EMPLOYEE'S street address (including apt. no.)		
EMPLOYEE'S city, state, ZIP Code		
2015	1 Employee contributions made in 2015	2 Termination date (if applicable)
	\$	M M D D Y Y Y Y

CORRECTED (if checked)

Part III Explain Why an Amended Form A1-C is Being Filed (if necessary, include additional sheet)

Declaration	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 PHONE NUMBER
Paid Preparer's Use Only	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

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

Charitable Withholding Statement		
CHARITY'S name, street address, city, state, and ZIP Code		
CHARITY'S federal identification no.		EMPLOYEE'S Social Security no.
EMPLOYEE'S name		
EMPLOYEE'S street address (including apt. no.)		
EMPLOYEE'S city, state, ZIP Code		
2015	1 Employee contributions made in 2015	2 Termination date (if applicable)
	\$	M M D D Y Y Y Y
ADOR 10754 (14) <input type="checkbox"/> CORRECTED (if checked)		

Charitable Withholding Statement		
CHARITY'S name, street address, city, state, and ZIP Code		
CHARITY'S federal identification no.		EMPLOYEE'S Social Security no.
EMPLOYEE'S name		
EMPLOYEE'S street address (including apt. no.)		
EMPLOYEE'S city, state, ZIP Code		
2015	1 Employee contributions made in 2015	2 Termination date (if applicable)
	\$	M M D D Y Y Y Y
ADOR 10754 (14) <input type="checkbox"/> CORRECTED (if checked)		

Charitable Withholding Statement		
CHARITY'S name, street address, city, state, and ZIP Code		
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EMPLOYEE'S name		
EMPLOYEE'S street address (including apt. no.)		
EMPLOYEE'S city, state, ZIP Code		
2015	1 Employee contributions made in 2015	2 Termination date (if applicable)
	\$	M M D D Y Y Y Y
ADOR 10754 (14) <input type="checkbox"/> CORRECTED (if checked)		

Charitable Withholding Statement		
CHARITY'S name, street address, city, state, and ZIP Code		
CHARITY'S federal identification no.		EMPLOYEE'S Social Security no.
EMPLOYEE'S name		
EMPLOYEE'S street address (including apt. no.)		
EMPLOYEE'S city, state, ZIP Code		
2015	1 Employee contributions made in 2015	2 Termination date (if applicable)
	\$	M M D D Y Y Y Y
ADOR 10754 (14) <input type="checkbox"/> CORRECTED (if checked)		

2015 Arizona Charitable Withholding Statement

Obtain additional information or assistance by calling one of the numbers listed below:

Phoenix (602) 255-2060
From area codes 520 and 928, toll-free (800) 843-7196

Obtain tax rulings, tax procedures, tax forms and instructions, and other tax information by accessing the department's website at www.azdor.gov.

NOTE: Form A1-C for calendar year 2015 is due January 30, 2016. Do not mail Form A1-C with any other withholding form. Be sure to mail Form A1-C to the correct address: Arizona Department of Revenue, Office of Economic Research and Analysis, PO BOX 29099, Phoenix, AZ 85038-9099.

General Instructions

An employee can 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 the employee's income tax return. Only the following credits qualify for the reduction in withholding:

- contributions to qualifying charitable organizations, provided by Arizona Revised Statutes (A.R.S.) § 43-1088 and claimed on Arizona Form 321;
- contributions made or fees paid to public schools, provided by A.R.S. § 43-1089.01 and claimed on Arizona Form 322; and
- contributions to private school tuition organizations, provided by A.R.S. §§ 43-1089 and 43-1089.03 and claimed on Arizona Form 323 and Arizona Form 348.

Who Must File Form A1-C

Employers that make payments of the reduced withholding of its employees to charitable organizations as provided by A.R.S. § 43-401(G)(1) must file Form A1-C, *Arizona Charitable Withholding Statement*, to report the information required by A.R.S. § 43-401(G)(4). Form A1-C is also the Arizona transmittal statement for detail forms. These detail forms are required to be filed with Form A1-C as an integral part of the statement required by the statute.

Instead of completing the individual Charitable Withholding Statements, employers may substitute their own schedule as long as it contains the same information.

NOTE: *Employers that file Form A1-C must still file either Form A1-APR, Arizona Annual Payment Withholding Tax Return, or Form A1-R, Arizona Withholding Reconciliation Return, to reconcile their payments and transmit federal Forms W-2, W-2c, W-2G, 1099-R and any other federal information returns that include Arizona withholding. Mail each form to the address on the form, by the due date or extended due date.*

Filing Original Statements

This statement must be filed annually, on a calendar year basis (i.e., for the period January 1, 2015, through December 31, 2015) or within 15 days of termination of an employee whose withholding was reduced. The annual statement is due by January 30 of the year following the calendar year in which

donations were withheld. If the due date falls on a Saturday, Sunday, or legal holiday, the statement is considered timely if it is filed by the next day that is not a Saturday, Sunday, or legal holiday. Mail the statement to:

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

Filing Amended Statements

If this is an amended Form A1-C, check the amended statement box. Enter the amended numbers in all areas of the form, and complete Part III to explain why an amended statement is being filed. Include amended detail forms with the amended statement. Check the "Corrected" box on the amended individual statements.

Specific Instructions

Type or print the name, address, and phone number in the boxes in the Employer Information section. If the employer has a foreign address, enter the information in the following order: city, province or state, and country. Follow the country's practice for entering the postal code. **Do not abbreviate the country's name.**

Check the boxes to indicate whether this statement is an amended statement, and whether the address of the employer has changed.

Enter the employer identification number (EIN) where indicated to the right of the employer's name and address.

All returns, statements, and other documents filed with the department require a taxpayer identification number (TIN). Taxpayers that fail to include their TIN may be subject to a penalty. Paid tax return preparers must include their TIN where requested. The TIN for a paid tax return preparer is the individual's social security number or the employer identification number of the business. Paid tax return preparers that fail to include their TIN may be subject to a penalty.

Fill out one individual Charitable Withholding Statement in Section II for each charity that each employee had the employer make payments to on behalf of the employee. There may be several individual Charitable Withholding Statements for each charity and for each employee. Include continuation sheet(s), if necessary. Make sure the employer's name and EIN are included on the top of each continuation sheet filed to the department.

Instead of completing the individual Charitable Withholding Statements, employers may substitute their own schedule as long as it contains the same information.

Box 1 - Employee Contributions Made in 2015

Include the amount of reduced withholding paid to the employee's chosen charity. Do not round the amount paid.

Box 2 - Termination Date

Enter the termination date of the employee, if applicable.

Provide a copy of the individual Charitable Withholding Statement to the employee. Maintain a copy of the statements for the employer's records.