



ARIZONA PRIVATE EDUCATION SCHOLARSHIP FUND, INC.

Arizona School Tuition Organization since 1998

Dear Employer:

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. 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 withholding was reduced. APESF will provide an individual donation receipt to the employee.

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

Do not mail this form to the Arizona Department of Revenue. Provide it to your employer.
Employee's Name
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), 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:
SECOND ENTITY	Entity Name			Employer Identification No. (if known)
	Entity Street Address			Phone No. (with area code)
	Entity City	State	ZIP Code	Annual Amount:
THIRD ENTITY	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 a separate sheet.

I qualify for and am entitled to this amount of credit (\$ _____ .00) for 2017 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

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

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

Employer's Name
Employer's Address – Number and street or PO Box
Employer's City, State and ZIP Code
Date Payment is Made M, M, D, D, Y, Y, Y, Y

TO:

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

RE: Calendar Year 2017

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 CONTRIBUTIONS			
	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 Charitable Withholding Statement

Form A1-C is due on or before January 30, 2018. Do not mail with Form A1-R or Form A1-APR.

Part 1 Employer Information

Name	Employer Identification Number (EIN)	Period End 12/31/2017
Number and street or PO Box	REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88	
City or town, state and ZIP Code		
Business telephone number (with area code)		
Check box if: <input type="checkbox"/> Amended Statement <input type="checkbox"/> Address Change		
	81 PM	66 RCVD

Part 2 Payments Made on Behalf of Employees (if necessary, include continuation sheet(s))

Charitable Withholding Statement			Charitable Withholding Statement		
CHARITY'S name, street address, city, state, and ZIP Code			CHARITY'S name, street address, city, state, and ZIP Code		
CHARITY'S federal identification no.		EMPLOYEE'S Social Security no.	CHARITY'S federal identification no.		EMPLOYEE'S Social Security no.
EMPLOYEE'S name			EMPLOYEE'S name		
EMPLOYEE'S street address (including apt. no.)			EMPLOYEE'S street address (including apt. no.)		
EMPLOYEE'S city, state, ZIP Code			EMPLOYEE'S city, state, ZIP Code		
2017	1 Employee contributions made in 2017	2 Termination date (if applicable)	2017	1 Employee contributions made in 2017	2 Termination date (if applicable)
\$		M M D D Y Y Y Y	\$		M M D D Y Y Y Y
<input type="checkbox"/> CORRECTED (if checked)			<input type="checkbox"/> CORRECTED (if checked)		

Part 3 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:

Office of Economic Research and Analysis • Arizona Department of Revenue • 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		
2017	1 Employee contributions made in 2017	2 Termination date (if applicable)
	\$	M M D D Y Y Y Y
ADOR 10754 (16) <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		
2017	1 Employee contributions made in 2017	2 Termination date (if applicable)
	\$	M M D D Y Y Y Y
ADOR 10754 (16) <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		
2017	1 Employee contributions made in 2017	2 Termination date (if applicable)
	\$	M M D D Y Y Y Y
ADOR 10754 (16) <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		
2017	1 Employee contributions made in 2017	2 Termination date (if applicable)
	\$	M M D D Y Y Y Y
ADOR 10754 (16) <input type="checkbox"/> CORRECTED (if checked)		

2017 Arizona Charitable Withholding Statement

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. To view or print these, go to our website and click on *Legal Research* then click on *Procedures or Rulings* and select a tax type from the drop down menu.

Publications

To view or print the department’s publications, go to our website and click on *Publications*.

General Instructions

Arizona permits employees to reduce their income tax withholding and have that amount forwarded to qualifying charitable organizations by their employer. The following conditions apply:

- The employee must make his or her request in writing;
- The employer must agree to reduce the amount of the employee’s income tax withholding;
- Only the following contributions to charitable organizations qualify:
 - Contributions to charitable organizations claimed on Arizona Form 321;
 - Contributions or fees paid to public schools claimed on Arizona Form 322;
 - Contributions to school tuition organizations claimed on Arizona Form 323; or,
 - Contributions to certified school tuition organizations claimed on Arizona Form 348; or,
 - Contributions to qualifying foster care charitable organizations claimed on Arizona Form 352.
- Form A1-C for calendar year 2017 is due January 30, 2018.
- Do not mail this form with any other withholding form.

Who Must File Form A1-C

Employers that made payments of reduced withholding from employees to charitable organizations must file this form to report the amount(s) withheld and paid to charitable organizations on behalf of the employee(s). This information must be provided to the department. Each employee who requested his or her withholding be reduced and paid to a charitable organization must receive his or her withholding and contribution information.

The employer may substitute its own schedule rather than file Form A1-C. The substitute schedule must provide the same information as Form A1-C.

NOTE: *Employers that file Form A1-C still must file either Form A1-APR, or Form A1-R.*

Filing Original Statements, and Due Date

Form A1-C must be filed within 30 days after the end of the calendar year (January 30), or within 15 days after the termination of an employee whose withholding was reduced.

If the due date falls on a Saturday, Sunday, or legal holiday, the statement is considered timely if it is filed by the next business day.

Mail the statement to:

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

NOTE: *Do not mail Form A1-C with any other withholding form(s).*

Filing Amended Statements

If this is an amended Form A1-C, check the box “Amended Statement”. Enter the corrected information in all areas of the form. Check the “Corrected” box for each employee or charity that was corrected. Complete Part 3 to explain the reason for amending this form.

Specific Instructions

Part 1 -

Enter the employer’s name, Employer Identification Number (EIN), address, and phone number where indicated. 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.**

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.

If this is an amended statement, check the box “Amended Statement”. Enter the corrected information in the appropriate areas. Complete Part 3 to explain why an amended statement is being filed.

If the employer’s address changed, check the box, “Address Change”. Ensure the employer’s new address is entered above.

Part 2

Complete a Charitable Withholding Statement for each charity and each employee who had his or her withholding reduced and forwarded to that charity. There may be several individual Charitable Withholding statements for each charity and each employee.

Include continuation sheet(s) as needed. Include the employer name and EIN at the top of each continuation sheet filed to the department.

Example:

Employer X has two employees (A & B) who requested their withholding be reduced and forwarded to a qualifying charity.

Employee A requested his or her withholding be reduced by \$100.00 and forwarded to these charities: Charity A, \$50.00; Charity B, \$25.00; Charity C, \$25.00.

Employee B requested his or her withholding be reduced by \$200.00 and forwarded to these charities: Charity A, \$75.00, Charity C, \$50.00, Charity Z, \$75.00.

Employer X would complete six (6) Charitable Withholding Statements:

1. Employee A's contribution of \$50.00 to Charity A
2. Employee A's contribution of \$25.00 to Charity B
3. Employee A's contribution of \$25.00 to Charity C
4. Employee B's contribution of \$75.00 to Charity A
5. Employee B's contribution of \$50.00 to Charity C
6. Employee B's contribution of \$75.00 to Charity Z

Rather than complete the individual Charitable Withholding Statements, employers may substitute a schedule providing the same information as the Charitable Withholding Statements.

Box 1 - Employee Contributions Made in 2017

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

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.