

**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

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