

Mail this form to the charitable organization or 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 M M D D Y Y Y Y
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
						\$
						\$
						\$
						\$
						\$
<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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