

Withholding Transmittal of Wage and Tax Statements

FOR CALENDAR YEAR

Arizona Department of Revenue

PO Box 29009

Phoenix AZ 85038-9009

		Period End
Employer Information		
Business Name (As listed on the AZ Joint Tax Application	on - Form JT-1)	
Number and street or PO Box		
City or town, state and ZIP Code		REVENUE USE ONLY. DO NO
Business telephone number (with area code)		
Contact Information		81 PM
Name		
Company Name		
Business telephone number (with area code)		
	T	
Form enclosed:	Number of Forms	
□ W-2		
□ 1099		
☐ Other (specify):		

T MARK IN THIS AREA. 66 RCVD

Employer Identification Number (EIN)

Mail to: Arizona Department of Revenue, PO Box 29009, Phoenix, AZ 85038-9009