

Arizona Department of Revenue

PO Box 29085

Phoenix AZ 85038-9085

Taxpayer Information

Business Name (As listed on the Arizona Joint Tax Application - Form JT-1)

Number and street or PO Box

City or town, state and ZIP Code

Business telephone number (with area code)

Employer Identification Number (EIN)

Qtr	Year	Amount of Payment	
Q	Y Y Y Y	Dollars	Cents

 Enter Quarter (1, 2, 3, or 4)
 Four digits of year for which payment is made.

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

88 89 X

81 PM 66 RCVD

Return Top Portion with Payment

- Make check payable to: Arizona Department of Revenue and **include EIN on payment.**
- Mail top portion with payment to: Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.

Instructions

Employers required to make more than one Arizona withholding payment per calendar quarter, but not required to pay by Electronic Funds Transfer (EFT), use Form A1-WP to transmit Arizona withholding payments to the department. *Employers making withholding payments by electronic funds transfer or on the Internet should not use this form. Employers required to make quarterly withholding payments should not use this form.*

Internet payments: Employers that register may make their withholding payments on the Internet with e-check or credit card. There is a fee to pay by credit card. Visit www.AZTaxes.gov for further information.

Electronic Funds Transfer (EFT)

Employers who anticipate their Arizona withholding tax liability for calendar year 2026 to be \$500 or more must make Arizona withholding payments via EFT. **If the employer makes its withholding payments by EFT, the employer should not submit Form A1-WP to the department.**

Participants in the Electronic Funds Transfer program must enroll online at www.AZTaxes.gov at least 30 days prior to the first applicable transaction.

NOTE: Employers required to make withholding payments via EFT that fail to do so will be subject to a penalty of 5% of the amount of the payment not made by EFT. See A.R.S. § 42-1125(O).

Employers who anticipate their Arizona withholding tax liability for calendar year 2026 to be less than \$500 may elect voluntary participation in the EFT program. Or they may elect to pay by check, money order, or credit card.

Refer to A.R.S. § 42-1129 and the related Arizona Administrative Code rules (A.A.C. R15-10-301 through R15-10-307) for detailed information regarding electronic funds transfer.

Taxpayer Information

Type or print the name, address, and phone number in the boxes in the Taxpayer Information section. If the taxpayer 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.**

Employer Identification Number (EIN)

Enter the EIN. An EIN can be obtained from the Internal Revenue Service.

Quarter and Year

The charts below identify which months or payments are included in each quarter:

For these months:	Enter this number for the quarter:
January, February, March	1
April, May, June	2
July, August, September	3
October, November, December	4

For this payment:	Enter this number for the quarter:
Extension payment for Form A1-APR	4

Enter the quarter from one of the charts above. Enter the four-digit year.

Amount of Payment

Enter the amount of payment enclosed.

NOTE: Do not submit Form A1-WP if the payment is zero or no payment is enclosed. Do not submit Form A1-WP to list prior payments made during the quarter. Do not submit Form A1-WP for a negative amount (to apply a credit as a payment or to claim a credit as an overpayment).