

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 Education Liberty Fund		Employer Identification No. (if known) 47-1463625	
	Entity Street Address 39506 N Daisy Mtn Dr., Suite 122-127		Phone No. (with area code) 480-363-8390	
	Entity City Anthem	State AZ	ZIP Code 85086	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.

Circle One:

I qualify for and am entitled to this amount of credit (\$ Text .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	

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2017 Request for Reduced Withholding To Designate for Tax Credits

Arizona Form A-4C

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 Revised Statutes (A.R.S.) § 43-401(G) provides that an employee may request that his or her employer reduce his or her withholding in an amount equal to income tax credit(s) the employee will qualify for when filing his or her income tax return.

Purpose of Form

An employee may use this form to request his or her employer reduce his or her state income tax withholding by the amount the employee wishes to contribute to the following organizations (Entities):

- Contributions to qualifying charitable organizations, claimed on Arizona Form 321;
- Contributions made or fees paid to public schools, claimed on Arizona Form 322; or
- Contributions to private 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.

This form is optional and provided as a courtesy by the Arizona Department of Revenue. The same result can be accomplished using your own form or a letter.

Do not mail this form to the Arizona Department of Revenue. Provide this form to your employer's human resource or payroll office.

Specific Instructions

Type or print your name and address in the box in the upper right corner of the form. Type or print your employer's name and address in the box on the top left side of the form.

Complete the form's worksheet by entering the name and requested information for each Entity to which you wish to contribute. If you are contributing to more than three (3) Entities, check the box indicating additional Entities are designated on a separate sheet. Provide that sheet along with Form A-4C to your employer.

Enter the total amount of credit for each Entity you are claiming for the tax year in the space provided.

Sign and date Form A-4C where indicated. Print your name below your signature.

Provide the completed form to your employer. Keep a copy of the completed form and any supporting documents for your records.

NOTE:

Your employer is not required to grant this request.

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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 Education Liberty Fund
Entity Address – Number and street or PO Box 39506 N Daisy Mtn Dr., Suite 122-127
Entity City, State and ZIP Code Anthem, AZ 85086

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.

2017 Quarterly Payment of Reduced Withholding for Tax Credits

Arizona Form A1-QTC

For information or help, call one of these numbers:

Phoenix (602) 255-3381
From area codes 520 and 928, toll-free (800) 352-4090

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Purpose of the Form

This form is optional and provided as a courtesy by the Arizona Department of Revenue. The same result can be accomplished using your own form or a letter.

Employers use this form to report contributions made by their employees to the Entity (qualifying charitable organizations, public schools, and/or school tuition organizations).

Please do not mail this form to the Arizona Department of Revenue. Mail the completed form to the Entity listed in the left column. Keep a copy of the completed form, and any attachments, for the employer's records.

Specific Instructions

Type or print the employer's name and address in the boxes in the upper right column. Enter the date the payment is made. Type or print the Entity's name and address in the boxes in the left column.

Enter the payment amount enclosed. This should be the total amount of contributions made to the Entity by all employees.

Complete the worksheet on Form A1-QTC. Use one column for each employee that donated to this entity. If more than three employees made donations, check the box under the employee chart, and attach additional forms or your own schedule that contains the same information included in the worksheet.

Sign and date the Form A1-QTC where indicated. Complete the information boxes below your signature, in case the Entity needs to contact you with any questions.

Mail the completed form to the Entity listed in the left column. Keep a copy of the completed form, and any attachments, for the employer's records.

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 Education Liberty Fund, 39506 N Daisy Mtn Dr, Suite 122-127, Anthem, AZ, 85086			CHARITY'S name, street address, city, state, and ZIP Code		
CHARITY'S federal identification no. 47-1463625		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)		

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.