



ARIZONA DEPARTMENT OF REVENUE EMPLOYER AFFIDAVIT

TO BE COMPLETED BY THE EMPLOYEE

I hereby certify that the Arizona Department of Revenue is authorized to release to my employer confidential information concerning me for tax years _____ to verify my Arizona wages and withholding.

SIGNATURE	DATE	SIGNATURE	DATE
PRINT NAME	PRINT NAME		

TO BE COMPLETED BY THE EMPLOYER

Date: _____
To: Arizona Department of Revenue

From:	Name of Business	Employer Identification Number (EIN)
	Business Location Address	Telephone Number
	City	State ZIP Code

RE: Calendar Year _____ Employment of: _____
(Legal name of employee)

During calendar year I employed the person named above. My records show that the above-named employee submitted a Social Security Number of _____ which I used for employment purposes.
For calendar year _____ this employee had:

Total wages earned: \$ _____

Total Arizona tax withheld: \$ _____

I DECLARE UNDER PENALTIES OF PERJURY THAT ALL THE INFORMATION I HAVE PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Employer or Employer's Authorized Agent	Title
Print Name	

STATE OF _____)

COUNTY OF _____)

Subscribed and sworn (or affirmed) before me this _____ day of _____,

20 _____, by:

PRINT NAME OF SIGNOR

(Notary Seal)

NOTARY PUBLIC

FOR DOR USE ONLY

Name used on tax return

Identification number used on tax return

_____ - _____ - _____

Please return to:
 Arizona Department of Revenue
 PO Box 29099
 Phoenix, AZ 85038-9099
or
 EmployerAffidavit@azdor.gov
 Inquiries: (602)716-6348