Arizona Form **A-4C** **Request for Reduced Withholding to Designate for Tax Credits** **2024**

Provide this form to your employer.
Do not mail this form to the Arizona Department of Revenue.

Employee's Name	Employee's SSN
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), public school(s), or school tuition organization(s) [Entity]:

QUALIFYING CHARITIES, PUBLIC SCHOOLS, OR SCHOOL TUITION ORGANIZATIONS				
FIRST ENTITY	Entity Name Jewish Tuition Organization			Employer Identification No. (If known) 86-0970081
	Entity Street Address 12701 N Scottsdale Rd, Ste 100M			Phone No. (With area code) (480) 634-4926
	Entity City Scottsdale	State AZ	ZIP Code 85254	Annual Amount: $ .00
SECOND ENTITY	Entity Name			Employer Identification No. (If known)
	Entity Street Address			Phone No. (With area code)
	Entity City	State	ZIP Code	Annual Amount: $ .00
THIRD ENTITY	Entity Name			Employer Identification No. (if known)
	Entity Street Address			Phone No. (with area code)
	Entity City	State	ZIP Code	Annual Amount: $ .00

☐ If this box is checked, additional entities are designated on a separate sheet.

I qualify for and am entitled to this amount of credit ($_____.00) for 2024 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			
☐ Approved by:			Date
Total Contribution $	Pay Periods	Current Withholding $	Amount Per Pay Period (not more than current): $
☐ Denied – Indicate reason:			Employee Notified: ☐ Yes ☐ No

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