

# 2021 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](http://www.azdor.gov).

## Withholding Tax Procedures and Rulings

These instructions may refer to the department's withholding tax procedures and rulings for more information. To view or print these, go to our website and click on *Reports & Legal Research* then click on *Legal Research* and select a Document Type and Category from the drop down menus.

## Publications

To view or print the department's publications, go to our website and click on *Reports & Legal Research*. Then click on *Publications*.

## General Instructions

Arizona Revised Statutes § 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 to 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;
- Contributions to private school tuition organizations, claimed on Arizona Form 323;
- 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 is 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 left corner of the form. Type or print your employer's name and address in the box labeled "TO:"

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.*

***Do not mail this form to the Arizona Department of Revenue.***