

Employee's Address

Employee's City, State & ZIP code

Date

Employer's (Company) Name

Employer's Address

Employer's City, State & ZIP code

At my employer's option, I request that my withholding be reduced in accordance with Arizona Revised Statutes (A.R.S.) § 43-403(I) (2009) and that quarterly payments be made on my behalf to the following charity(ies), school(s) and school tuition organization(s) [Entity]:

	Entity 1	Entity 2	Entity 3
Entity Name			
Entity Street Address			
Entity City, State & ZIP code			
Phone Number			
Employer Identification Number (if known)			
Annual Amount	\$.00	\$.00	\$.00

Check this box if additional entities are designated on an additional sheet.

I qualify for and am entitled to this amount of credit (\$ _____ .00) for 2010 under A.R.S. §§ 43-1088, 43-1089 and/or 43-1089.01. Refer to the instructions for Arizona Forms 321, 322 and/or 323 for credit limits.

Thank you,

Employee's Signature

Date

Print Name

For Employer Use Only

Approved by: _____
 Total Contribution: _____
 Current withholding: _____

Date: _____
 Pay periods: _____
 Amount per pay period
 (not more than current): _____

Denied. Reason: _____

Employee Notified Yes No