Arizona Form **A-4C**	**Request for Reduced Withholding to Designate for Tax Credits**	**2026**

**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			Employer Identification No. (If known)
	Entity Street Address			Phone No. (With area code)
	Entity City	State	ZIP Code	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 2026 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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