

ACSTO

Arizona Christian School Tuition Organization

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social@acsto.org



2016 TAX CREDIT MAXIMUMS

Single Taxpayers

Married Filing Jointly

Original Tax Credit	\$545	Original Tax Credit	\$1090
Overflow/PLUS Tax Credit	\$542	Overflow/PLUS Tax Credit	\$1083
COMBINED TOTAL	\$1087	COMBINED TOTAL	\$2173

OR THE ACTUAL TAX, WHICHEVER IS LESS

April 15 Relateback: A person may donate prior to filing taxes, but no later than April 15, and claim the credit for the previous year's taxes. There are no extensions, so donations must be postmarked or entered online no later than midnight, April 15.

Recommendations: Donors may recommend a student or school, but actual scholarships are subject to the absolute discretion of ACSTO. Scholarships will be awarded without regard to the student's race, color, handicap, familial status, or national origin. Scholarships are used for K-12 students attending private Christian schools in Arizona. At least ninety percent of donated funds received will be used for scholarships.

NOTICE: A school tuition organization cannot award, restrict, or reserve scholarships only on the basis of a donor's recommendation. A taxpayer may not claim a tax credit if the taxpayer agrees to swap donations with another taxpayer to benefit either taxpayer's own dependent. A.R.S. 43-1603 (C). Any designation of your own dependent as a potential recipient is prohibited.

ACSTO Donation Card

Donor Name: _____
Last First (M.I.)

Last Four Digits of Social Security #: _____
(For tax records only)

Address: _____

City State ZIP

Phone: _____

Donor Email: _____

Tax Year Intended to Claim Donation: 20 _____

You anticipate filing your taxes as: Single Taxpayer or Filing Separately Married Persons Filing Jointly

Have you already donated to a Scholarship Organization this claim year?

Yes, it was to _____ in the amount of \$_____ for my 20____ taxes.
(Scholarship Organization)

No, this is my first time donating to an STO this tax year.

A. Original Tax Credit

Donation Amount: \$_____

Student Recommendation: _____
(optional)

School: _____
(optional)

you may only donate towards "B" if you donated the maximum for "A" for the same taxable year

B. Overflow/PLUS Tax Credit

Donation Amount: \$_____

Student Recommendation: _____
(optional)

School: _____
(optional)

Payment Information

Donation A Total: \$ _____

Donation B Total: \$ _____

Total Donation (A+B): \$ _____

I am paying by: Check # _____ (make payable to ACSTO)

Visa Mastercard Discover AMEX

Card Number Expires

Billing Address (if different): _____

Signature: _____

THIS COLUMN
INTENTIONALLY
LEFT BLANK