

## INSTRUCTIONS

**1**

Check with your employer to see if this is a benefit that they are willing to provide.

**2**

Fill out both sides of this form, and send it to ACSTO by mail, email, or fax.

**3**

ACSTO will send you a confirmation of this pledge, and a form to give to your employer.

## DONOR/EMPLOYEE INFORMATION

Last Name: \_\_\_\_\_ First Name(s): \_\_\_\_\_ MI(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

### ***Have you previously donated money to an STO this year?***

Yes, it was to \_\_\_\_\_ in the amount of \_\_\_\_\_  
\$ \_\_\_\_\_ and I will claim it on my 20\_\_\_\_ taxes. (STO)

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

## EMPLOYER INFORMATION

Employer Name: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**NOTICE:** A school tuition organization cannot award, restrict, or reserve scholarships solely 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.

# DONATION INFORMATION

**YOU ANTICIPATE  
FILING YOUR TAXES AS:**

A Single Taxpayer

Married Persons Filing Jointly

Tax year of withholding donations: \_\_\_\_\_

*I intend to apply all withholding donations from*

\_\_\_\_\_ to \_\_\_\_\_ for the tax year listed above.  
(Month) (Month)

Any donations made between  
**JANUARY 1<sup>st</sup>** and **APRIL 15<sup>th</sup>**  
may be applied to the  
**current or previous tax year!**

Recommended Student Name(s): \_\_\_\_\_  
(Optional)

School Name: \_\_\_\_\_  
(Optional)

**TOTAL PLEDGE: \$** \_\_\_\_\_

If your total pledge is greater than \$1110/\$555 dollars (Married Filing Jointly/Single), a part of your donation will be claimed as the Overflow Tax Credit. *You may make a separate recommendation for this portion of your donation below:*

Recommended Student Name(s): \_\_\_\_\_  
(Optional)

School Name: \_\_\_\_\_  
(Optional)

## APPROXIMATE AZ TAX LIABILITY BASED ON HOUSEHOLD INCOME

\$80,000	<b>\$2269</b> TAX CREDIT
\$45,000	<b>\$1135</b> TAX CREDIT
\$27,500	<b>\$569</b> TAX CREDIT

## 2019 TAX CREDIT MAXIMUMS

Single Taxpayers		Married Filing Jointly	
ORIGINAL TAX CREDIT	<b>\$569</b>	ORIGINAL TAX CREDIT	<b>\$1138</b>
OVERFLOW TAX CREDIT	<b>\$566</b>	OVERFLOW TAX CREDIT	<b>\$1131</b>
<b>COMBINED TOTAL</b>	<b>\$1135</b>	<b>COMBINED TOTAL</b>	<b>\$2269</b>
<b>OR THE ACTUAL TAX, WHICHEVER IS LESS</b>			

## CONFIRMATION

Send me confirmation via:  Email  Mail  Fax (\_\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Notes: \_\_\_\_\_

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