

ACSTO

Arizona Christian School Tuition Organization

2023 TAX CREDIT MAXIMUMS

Single Taxpayers

Married Filing Jointly

ORIGINAL TAX CREDIT **\$655**

ORIGINAL TAX CREDIT **\$1308**

OVERFLOW TAX CREDIT **\$652**

OVERFLOW TAX CREDIT **\$1301**

COMBINED TOTAL **\$1307**

COMBINED TOTAL **\$2609**

YOU MAY DONATE UP TO THESE AMOUNTS OR YOUR ACTUAL STATE TAX LIABILITY, WHICHEVER IS LESS

You must donate the maximum amount for the Original Tax Credit before any additional amount is applied to the Overflow Tax Credit.

HOW TO DONATE



ONLINE

Give through our secure Donor Portal at ACSTO.org



PHONE

Call us to donate by credit/debit card at 480.820.0403



MAIL

Complete the donation card and mail to the address below

Want to set up a monthly donation? Create a schedule through your Donor Portal account!

A person may donate prior to filing taxes, but no later than Tax Day (whichever comes first), and claim the credit for the previous year's taxes. There are no extensions, so donations must be postmarked or entered online prior to midnight on Tax Day.

Mailing Address:

PO Box 6580
Chandler, AZ 85246

480.820.0403

social@acsto.org

ACSTO.org

What's a Tax Credit?

Scan this with your cell phone camera and watch a short video to find out!



ACSTO DONATION CARD

DONOR INFORMATION

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

Last Four of SSN: _____

Address: _____

City State ZIP

Phone: _____

Donor Email: _____

I am claiming this tax credit donation on my 20____ state taxes.

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

Have you already donated to a School Tuition Organization for the claim year above?

Yes, it was to _____
(School Tuition Organization)
for \$_____.

No, this is my first time donating to an STO for the claim year above.

DONATION INFORMATION

I confirm that any students recommended below are NOT my own dependents.

A. Original Tax Credit

Donation Amount: \$_____

Student Recommendation: _____
(optional)

School: _____
(optional)

You may only donate toward "B" if you donated the maximum for "A" for the same claim year

B. Overflow Tax Credit

Donation Amount: \$_____

Student Recommendation: _____
(optional)

School: _____
(optional)

PAYMENT INFORMATION

Total Donation (A+B): \$_____

I'm paying by: Check # _____ (make payable and send to ACSTO)

Visa Mastercard Discover AMEX

Card Number Expires

Billing Address (if different): _____

Signature: _____

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