

ACSTO

Arizona Christian School Tuition Organization

WITHHOLDING PLEDGE FORM

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🏠 PO Box 6580 Chandler, AZ 85246

INSTRUCTIONS

1

Fill out both pages of this form, making sure to sign at the bottom.

2

Return this form to your employer and they will submit it to ACSTO.

DONOR/EMPLOYEE INFORMATION

Last Name: _____ First Name(s): _____ MI(s): _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone : (_____) _____ - _____ Email: _____

EMPLOYER INFORMATION

Employer Name: _____

Primary Contact Name: _____

Employer Address: _____

City: _____ State: _____ ZIP: _____

Phone: (_____) _____ - _____ Email: _____

DONATION INFORMATION

**YOU ANTICIPATE
FILING YOUR TAXES AS:**

A Single Taxpayer
or Filing Separately

Married Persons Filing Jointly

Tax claim year of withholding donations: _____

*I intend to apply all withholding donations from _____
to _____ for the claim year listed above.* (Month)

Any donations made between
JANUARY 1 AND TAX DAY
may be applied to the
current or previous tax year!

DONATION INFORMATION (CONTINUED)

Have you previously donated to a School Tuition Organization (STO) for the claim year listed on the prior page?

Yes, it was to _____ (STO)
for \$_____.

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

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

Recommended Student Name(s): _____ (Optional)

School Name: _____ (Optional)

If your total pledge is greater than \$769 (Single) or \$1,535 (Married Filing Jointly), 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)

TOTAL PLEDGE: \$_____

2025 TAX CREDIT MAXIMUMS

Single Taxpayers

Married Filing Jointly

ORIGINAL TAX CREDIT	\$769	ORIGINAL TAX CREDIT	\$1535
OVERFLOW TAX CREDIT	\$766	OVERFLOW TAX CREDIT	\$1527
COMBINED TOTAL	\$1535	COMBINED TOTAL	\$3062
YOU MAY DONATE UP TO THESE AMOUNTS OR YOUR ACTUAL STATE TAX LIABILITY, WHICHEVER IS LESS			

CONFIRMATION

By signing this pledge form, I agree to have my employer reduce the Arizona State Tax Withholding portion of my paychecks by a pro-rated amount and send that portion to ACSTO as a tax credit donation pursuant to A.R.S. Section 43-1089 and/or 43-1089.03. I also give permission for my employer to communicate with the staff at ACSTO in regards to the withholding reduction portions that I have authorized my employer to send to ACSTO.

Signature: _____ Date: ____ / ____ / ____

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.