

### Instructions:

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**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

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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

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

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

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

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

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

**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.

# 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 1st** and **April 15th** 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 \$1092/\$546 dollars (Married filing jointly/Single), a part of your donation will be claimed as the new Overflow/PLUS credit. *You may make a separate recommendation for this portion of your donation below:*

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

School Name: **Christ's Greenfield Lutheran School** (Optional)

*Approximate AZ tax liability based on household income...*

\$75,000	<b>\$2177</b> tax credit
\$40,000	<b>\$1092</b> tax credit
\$23,000	<b>\$546</b> tax credit

## 2017 TAX CREDIT MAXIMUMS

Single Taxpayers		Married Filing Jointly	
Original Tax Credit	<b>\$546</b>	Original Tax Credit	<b>\$1092</b>
Overflow/PLUS Tax Credit	<b>\$543</b>	Overflow/PLUS Tax Credit	<b>\$1085</b>
<b>COMBINED TOTAL</b>	<b>\$1089</b>	<b>COMBINED TOTAL</b>	<b>\$2177</b>
<b>OR THE ACTUAL TAX, WHICHEVER IS LESS</b>			

# Confirmation

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

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

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