

# ARIZONA TAX CREDIT INDIVIDUAL DONATION FORM



Please send this completed form with payment to:

## Arizona Tax Credit

•MAIL: P.O. Box 1172, Higley, AZ 85236 •FAX: 877.750.7050 •EMAIL: [info@aztxcr.org](mailto:info@aztxcr.org)

Thank you for helping Arizona Tax Credit bring high quality education to more children's lives! Please make sure you have answered all questions and have included all of the necessary information required for your donation. If you have any questions or are having trouble filling out the donation, we are happy to help you. Please call us at (480) 939-2151.

## Donor Information

Name (First & Last): \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Last 4 digital of SSN (for tax records only) \_\_\_\_\_

Please send my receipt by: ☐ Email ☐ Mail ☐ Both

## Donor Details

Have you made any other STO tax credit donations you plan to claim in the same tax year as this donation? ☐ No ☐ Yes

• If yes, Amount donated to other STO: \$ \_\_\_\_\_ Other STO name: \_\_\_\_\_

Anticipated Filing status: ☐ Single/Head of Household/Married Filing Separately ☐ Married Filing Jointly

Tax year expected to be claimed: \_\_\_\_\_

2021 ■
<b>A. Original Tax Credit</b>
Donation Amount: <input type="checkbox"/> \$611 <input type="checkbox"/> \$1221 <input type="checkbox"/> Other: \$ _____
Optional Student Recommendation: _____
School Recommendation: _____
<b>B. Switcher Tax Credit</b>
Donation Amount: <input type="checkbox"/> \$608 <input type="checkbox"/> \$1214 <input type="checkbox"/> Other: \$ _____
Optional Student Recommendation: _____
School Recommendation: _____

2022 ■
<b>A. Original Tax Credit</b>
Donation Amount: <input type="checkbox"/> \$623 <input type="checkbox"/> \$1245 <input type="checkbox"/> Other: \$ _____
Optional Student Recommendation: _____
School Recommendation: _____
<b>B. Switcher Tax Credit</b>
Donation Amount: <input type="checkbox"/> \$620 <input type="checkbox"/> \$1238 <input type="checkbox"/> Other: \$ _____
Optional Student Recommendation: _____
School Recommendation: _____

## Total Tax Credit Donation

1. My Original tax credit donation \$ \_\_\_\_\_

2. My Overflow/Plus tax credit donation \$ \_\_\_\_\_

**= My Total Donation** \$ \_\_\_\_\_

## Payment Details

☐ Check (made payable to Arizona Tax Credit)

Check # \_\_\_\_\_

Check \$ \_\_\_\_\_

\*Credit cards are also accepted online at [aztxcr.org/individual-donors](http://aztxcr.org/individual-donors)

Credit Card ☐ Visa ☐ Mastercard ☐ AMEX ☐ Discover

Card # \_\_\_\_\_

Exp. Date \$ \_\_\_\_\_ Security Code \_\_\_\_\_



## Agreement

I, the Donor/Taxpayer, understand and acknowledge the following:

As a donor, you may recommend anyone who is not your child or dependent, but the selection committee retains complete discretion regarding all awards. There are no designations or guarantees. **Parents cannot plan to donate to each other's children; this is called swapping. The law states, "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."**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### ARS 43-1603 (C) NOTICE

A school tuition organization cannot award, restrict or reserve scholarships solely on the basis of donor recommendation. A taxpayer may not claim a tax credit if the taxpayer agrees to swap a donation with another taxpayer to benefit wither taxpayer's own dependent.

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