

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

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: _____

2023 ■

A. Original Tax Credit

Donation Amount: ☐ \$655 ☐ \$1308 ☐ Other: \$ _____

Optional

Student Recommendation: _____

School Recommendation: _____

B. Switcher Tax Credit

Donation Amount: ☐ \$652 ☐ \$1301 ☐ Other: \$ _____

Optional

Student Recommendation: _____

School Recommendation: _____

2024 ■

A. Original Tax Credit

Donation Amount: ☐ \$731 ☐ \$1459 ☐ Other: \$ _____

Optional

Student Recommendation: _____

School Recommendation: _____

B. Switcher Tax Credit

Donation Amount: ☐ \$728 ☐ \$1451 ☐ 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

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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