

ACSTO

Arizona Christian School Tuition Organization

WITHHOLDING PLEDGE FORM

Instructions:

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

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 _____^(STO) in the amount of \$_____ and I will claim it on my 20____ taxes.

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

Employer Information

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: Carefree Christian Academy (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: _____ (Optional)

Approximate AZ tax liability based on household income...

\$75,000	\$2177 tax credit
\$40,000	\$1092 tax credit
\$23,000	\$546 tax credit

2017 TAX CREDIT MAXIMUMS

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

Confirmation

Send me confirmation via: Email Mail Fax (_____) _____ - _____

Notes: _____

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