

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 _____ 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

Employer Name: **Christ's Greenfield Lutheran Church and School**

Primary Contact Name: **Linda Butler**

Employer Address: **425 N. Greenfield Road**

City: **Gilbert** State: **AZ** Zip: **85234**

Phone Number: (**480**) **892** - **8314**

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: **Christ's Greenfield Lutheran School, Gilbert, AZ** (Optional)

TOTAL PLEDGE: \$ _____

If your total pledge is greater than \$1110/\$555 dollars (Married Filing Jointly/Single), 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)

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

\$77,000	\$2213 tax credit
\$42,000	\$1098 tax credit
\$25,000	\$555 tax credit

2018 TAX CREDIT MAXIMUMS

Single Taxpayers		Married Filing Jointly	
ORIGINAL TAX CREDIT	\$555	ORIGINAL TAX CREDIT	\$1110
OVERFLOW TAX CREDIT	\$543	OVERFLOW TAX CREDIT	\$1103
COMBINED TOTAL	\$1098	COMBINED TOTAL	\$2213
OR THE ACTUAL TAX , <i>WHICHEVER IS LESS</i>			

CONFIRMATION

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

Notes: _____

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