

Individual Tax Contribution Form - 2023/2024

CONTRIBUTOR NAME:	OT NAME	1 A OT 4 DIOITO 6	25.001 (0.11)	
LAST NAME FIR ADDRESS:	ST NAME	LAST 4 DIGITS C	, , ,	
ADDRESS		STATE.	ZIF	
Phone Number:	Email:			
Have you allocated tax contribution to another School Tuition	on Organization (STO)	this calendar year?		
☐ No, this is my first contribution to any STO this year.				
Yes: STO name:	Am	ount \$	for Tax Year 20	
Tax Filing status: Filing Separately/ Single	iling Jointly/ Married	2023 / 2024		
Tax Adviser: (Optional) A receipt copy will also be emailed to them. Name:	Email address:			
Two opportunities to contribute and make a difference!				
Maximum tax credit allowed OR your actual tax liabilities				
2024 Tax Year 2025 Tax Yea	or			
\$2,910 filing jointly \$3,062 fili	ling singly ing jointly ount \$			
I would like my contribution be applied or be used for: ☐ STO4KIDZ most needed scholarship funds to assist low-incomorphic Recommend the following student(s): ☐ I Hereby confirm that the above recommended student is not		School:		
			JOHN T. VOLID TAV ADVIO D	
CONTRIBUTION DETAIL:	Z DEADLINES: (De	ember 31, and April 15), CON	NSULT YOUR TAX ADVISOR.	
Total contribution amount \$	III order to claim the cred		r contribution prior to filing for your taxes. You than midnight, April 15. There are no extension	
	RECOMMENDATIONS A			
PAYMENT OPTION AND INFORMATION:	funds. It is regulated by the	ne Arizona Department of Revenue th	chool or STO4KIDZ most needed scholarship that the final determination on scholarship awa	
Check # (Make Payable to STO4KIDZ)	race, color, disability or fa	are subject to the discretion of STO4KIDZ. Scholarships will be awarded without any regard to the studen race, color, disability or familial status. Scholarships are used for K-12 students attending private schools Arizona. All students can be recommended by donors. A minimum ninety percent of every dollar is award scholarships, monthly.		
OR Credit card □ VISA □ MASTERCARD □ DISCOVER □ AMEX	STO4KIDZ is a tax-exem Federal I.D. Number 82-4	pt charitable organization pursuant to 1886421	p federal law, Section 501(c)(3).	
CARD NUMBER EXPIRATION DATE SECURITY CODE		ill be emailed to your provided ema vill gladly accommodate your reque	ail address. If you need a receipt immediat est.	
NAME (As it appears on your Credit Card)	donor's recommendation	i. A taxpayer may not claim a tax cred	reserve scholarships solely on the basis of a dit if the taxpayer agrees to swap donations w A.R.S. 43-1603 (C). Any designation of your o	
BILLING ADDRESS (If different) CITY STATE ZIP	dependent as a potential			
OR Pay by calling 602.698.8855		an to		