

# Individual Tax Contribution Form

CONTRIBUTOR NAME: \_\_\_\_\_  
LAST NAME FIRST NAME LAST 4 DIGITS OF SSN (Optional)

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Have you allocated tax contribution to another School Tuition Organization (STO) this calendar year?**

- No, this is my first contribution to any STO this year.  
 Yes: STO name: \_\_\_\_\_ Amount \$ \_\_\_\_\_ for Tax Year 20 \_\_\_\_\_

**Tax Filing status:**     Filing Separately/ Single     Filing Jointly/ Married

**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

**2025 Tax Year**

\$1,535 filing singly  
 \$3,062 filing jointly  
 Other Amount \$ \_\_\_\_\_

**2026 Tax Year**

\$1,571 filing singly  
 \$3,131 filing jointly  
 Other Amount \$ \_\_\_\_\_

**I would like my contribution be applied or be used for:**

- STO4KIDZ most needed scholarship funds to assist low-income students.  
 Recommend the following student(s): \_\_\_\_\_ School: \_\_\_\_\_  
 I Hereby confirm that the above recommended student is not my own dependent.

**CONTRIBUTION DETAIL:**

Total contribution amount \$ \_\_\_\_\_

**PAYMENT OPTION AND INFORMATION:**

**Check #** \_\_\_\_\_ (Make Payable to STO4KIDZ)

**Credit card**     VISA     MASTERCARD     DISCOVER     AMEX

CARD NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ SECURITY CODE \_\_\_\_\_

NAME (As it appears on your Credit Card) \_\_\_\_\_

BILLING ADDRESS (if different) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**Pay by calling 602.698.8855**

**2 DEADLINES:** (December 31, and April 15), CONSULT YOUR TAX ADVISOR.


In order to claim the credit for the previous year tax, make your contribution prior to filing for your taxes. Your contribution must be postmarked or entered online by no later than midnight, April 15. There are no extensions.

**RECOMMENDATIONS AND ELIGIBILITY:**  
 You may recommend a student that is not your own child, a school or STO4KIDZ most needed scholarship funds. It is regulated by the Arizona Department of Revenue that the final determination on scholarship awards are subject to the discretion of STO4KIDZ. Scholarships will be awarded without any regard to the student's race, color, disability or familial status. Scholarships are used for K-12 students attending private schools in Arizona. All students can be recommended by donors. A minimum ninety percent of every dollar is awarded in scholarships, monthly.

**STO4KIDZ** is a tax-exempt charitable organization pursuant to federal law, Section 501(c)(3). Federal I.D. Number 82-4886421

**An official tax receipt will be emailed to your provided email address. If you need a receipt immediately, please contact us. We will gladly accommodate your request.**

**NOTE:** A school tuition organization cannot award, restrict, or reserve scholarships solely 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.

**OR** **Scan to Contribute** 

**Or Contribute Easily and Securely Online at STO4KIDZ.ORG**