



**EXTRACURRICULAR ACTIVITY TAX CREDIT**  
**PAYROLL DEDUCTION FORM**  
**2018 TAX YEAR**

**LAKE HAVASU UNIFIED SCHOOL DISTRICT #1**  
**2200 Havasupai Blvd., Lake Havasu City, AZ 86403-3798**  
**Phone: (928) 505-6917 Fax: (928) 505-6999**  
**www.havasu.k12.az.us**

Employee Name: (Please Print) \_\_\_\_\_  
 Employee Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ School: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**I hereby pledge a total of: \$ \_\_\_\_\_ to be deducted in the 2018 tax year.**

**\*Maximum eligible annual tax credit: \$200 if AZ Income tax filing status is Single, Widowed, or Head of Household; \$400 if AZ Income tax filing status is Married, filing a joint return**

**\*Please select your school AND club/program preference:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Lake Havasu High School   | <input type="checkbox"/> Smoketree Elementary  | <input type="checkbox"/> Havasupai Elementary |
| <input type="checkbox"/> Thunderbolt Middle School | <input type="checkbox"/> Oro Grande Elementary | <input type="checkbox"/> Starline Elementary  |
|  | <input type="checkbox"/> Nautilus Elementary   | <input type="checkbox"/> Jamaica Elementary   |

- No Preference (Distributed based on program need)  
 Sport/Club/Approved Program: \_\_\_\_\_  
 (Check [www.havasu.k12.az.us](http://www.havasu.k12.az.us) for Board Approved Activities Preference List)  
 Use my tax credit for an Athletic Scholarship  
 Kindergarten Enrichment Program – an extension of the State’s half-day education program

**\*If designating a Middle School or High School student, complete below:**

**Student Name:** \_\_\_\_\_ @ LHHS or T-Bolt Club/Sport: \_\_\_\_\_ \$ \_\_\_\_\_ School YR \_\_\_\_\_  
**Student Name:** \_\_\_\_\_ @ LHHS or T-Bolt Club/Sport \_\_\_\_\_ \$ \_\_\_\_\_ School YR \_\_\_\_\_

I authorize my employer to deduct from my paycheck, the total of the election above **I must request this deduction on an annual basis. An annual receipt for tax purposes will be issued at the beginning of the new tax year.** The above payment, limited to a maximum of \$400.00, is eligible for the Arizona State Income Tax Credit as allowed by A.R.S. §43-1089.01. Please consult with your personal tax preparer to determine the application of this credit.

**Please Return Signed/Dated Original Form to Judy McClintock, Tax Credit, at the LHUSD District Office.**

Employee’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICIAL USE ONLY:**  
 Agreement will begin on \_\_\_\_\_ Contribution rate is \$ \_\_\_\_\_.

ORIGINAL - Payroll Dept.      YELLOW - Tax Credit File