



EXTRACURRICULAR ACTIVITY TAX CREDIT

PAYROLL DEDUCTION FORM

2019 TAX YEAR

Receipt # _____

Lake Havasu Unified School District #1

2200 Havasupai Blvd, Lake Havasu City, AZ 86403-3798

PHONE: 928-505-6917 & FAX: 928-505-6999

www.lhusd.org

Judy.McClintock@lhusd.org

Employee Name: (Please Print) _____

Employee Address: _____

City: _____ State: _____ Zip: _____ School/Site _____

Home/Cell Phone: _____ Work/Alternate Phone: _____

I hereby pledge a total of \$ _____ to be deducted in the **2019 tax year.**

MAXIMUM eligible tax credit: \$200 if AZ Income tax filing status is single/head of household **OR** \$400 if you are married, filing a joint tax return.

1) Select A School:

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

2) Select Your Designated Preference:

- | | |
|---|---|
| <input type="checkbox"/> No Preference - distribute to activities as needed | <input type="checkbox"/> Approved Club/Program _____ |
| <input type="checkbox"/> Athletic Scholarship: LHHS <u>or</u> T-Bolt | <input type="checkbox"/> Kindergarten Enrichment (for full day program) |

***OPTIONAL:**

***Complete this section ONLY if designating funds for a specific Thunderbolt or LHHS student:**

1) Student Name: _____ **2) School:** LHHS _____ T-Bolt _____

3) Athletic fee **OR Club** _____

I understand that I must request this payroll deduction on an annual basis. I will receive a receipt at the beginning of the new calendar year for tax filing purposes, stating the total amount of these payroll deductions withheld in 2019.

I authorize my employer to deduct the total of the above pledged tax credit throughout the calendar year:

Employee's Signature: _____ Date: _____

OFFICIAL USE ONLY:

Agreement will begin on _____ Contribution rate is \$ _____

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