



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 Erin.Horvath@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:

- Lake Havasu High School
- Thunderbolt Middle School
- Havasupai Elementary
- Jamaica Elementary
- Nautilus Elementary
- Oro Grande Classical Academy
- Smoketree Elementary
- Starline Elementary

2) Select Your Designated Preference:

- No Preference - distribute to activities as needed
- Athletic Scholarship: LHHS or T-Bolt
- Approved Club/Program _____
- 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 Erin Horvath, Tax Credit, at the LHUSD District Office.