

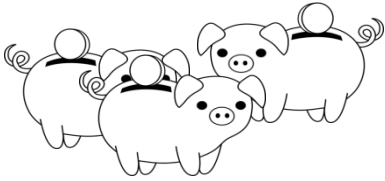


EXTRACURRICULAR ACTIVITY TAX CREDIT

**PAYROLL DEDUCTION FORM**

Receipt # \_\_\_\_\_

**2022 TAX YEAR**



**Lake Havasu Unified School District #1**

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

PHONE: 928-505-6941 & FAX: 928-505-6999

[www.lhusd.org](http://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 **2022 tax year.**

Contributions are **NONREFUNDABLE** and **NONTRANSFERABLE**

**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 Classical Academy |
| <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: <b>LHHS</b> <u>or</u> <b>T-Bolt</b> | <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 2022.

**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.**