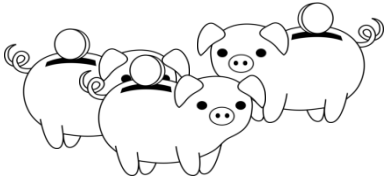


EXTRACURRICULAR ACTIVITY TAX CREDIT

**PAYROLL DEDUCTION FORM**

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

**2023 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)

[Theresa.Parker@lhusd.org](mailto:Theresa.Parker@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 2023 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:**

- ☐ 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 ☐ Approved Club/Program \_\_\_\_\_  
☐ Athletic Scholarship: **LHHS** or **T-Bolt** ☐ 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 2023.

**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 Theresa Parker, Tax Credit, at the LHUSD District Office.**