



EXTRACURRICULAR ACTIVITY TAX CREDIT
PAYROLL DEDUCTION FORM
2021 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 2021 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: 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 2021.

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.