**SAFFORD UNIFIED SCHOOLS**

**2019 TAX CREDIT**

**PAYROLL DEDUCTION PLAN**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby request a payroll deduction for the year **2019** Arizona School Tax Credit.

Please deduct $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per pay period not to exceed:

\_\_\_\_\_\_\_\_\_ $200.00 if filing single or

\_\_\_\_\_\_\_\_\_ $400.00 if filing jointly (**mark maximum amount**) through December 31, 2019.

I request money to be used at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please apply toward: [ ] General Fund

[ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Employee Signature Date

\*It is the employee’s responsibility to go to the school named above to get the numbered

Receipt for tax purposes.