



**Extracurricular Activity Tax Credit**

**Payroll Deduction Agreement**

**Tax Year 2025**

The following organization is interested in participating in the payroll deduction program for the Extracurricular Activities AZ State Tax Credit, designated their funds to the Lake Havasu Unified School District:

|               |   |
|---------------|---|
| Organization: | <b>Lake Havasu City</b>   |
| Address:      | <b>2330 McCulloch Blvd., Lake Havasu City, AZ 86403</b>             |
| Phone:        | <b>928-854-0732</b>   |
| Contact:      | Jenn Coney – <a href="mailto:coneyj@lhcaz.gov">coneyj@lhcaz.gov</a> |

- **A receipt will be issued for tax purposes to each participant at the beginning of the new tax year.**
- Payroll Deduction forms and a list of District approved activities will be provided to your employees.
- Employees choose a school & activity preference each calendar year. New forms and agreement are required with each new tax year.
- Employees may begin participation any time throughout the year ending Dec. **31, 2025**. **Employers are NOT responsible for employee designated amounts.**
- Contribution limits of \$400.00 are allowed for married filing jointly and \$200.00 for single/widowed/head of household, pursuant of A.R.S. §43-1089.01.

**With Each Tax Credit Payment to LHUSD #1, the Employer will provide:**

- An alphabetical list by last name of participating employees with deduction per pay period **AND** Year-to-date totals per person. An Excel Spreadsheet template is available upon request for your convenience.
- A signed, completed copy of the Payroll Deduction form at the time of employee enrollment. (Please put the beginning date and the rate of deduction in the “Official Use Only” box at the bottom of the form.)
- A check for the total amount of all deductions sent per pay period: \_\_\_\_\_ (Choose one from below.)  
Bi-weekly, Bi-monthly, Weekly, or Monthly
- This Agreement may be cancelled in accordance with Arizona Revised Statutes Section 38-511.
- **Funds must be submitted to LHUSD #1 as they are deducted by the employer.**

I understand the above agreement:

\_\_\_\_\_  
Authorized Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
LHUSD #1 Business Director

\_\_\_\_\_  
Date

**Return signed/dated original form to LHUSD Tax Credit Office**