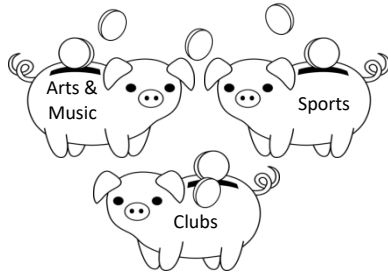




LAKE HAVASU UNIFIED SCHOOL DISTRICT # 1
2200 Havasupai Blvd., Bldg. C, Lake Havasu City, AZ 86403-3798
Phone: (928) 505-6917 Fax: (928) 505-6999
www.havasus.k12.az.us



EXTRACURRICULAR ACTIVITY FEE TAX CREDIT

PAYROLL DEDUCTION AGREEMENT

Tax Year 2018

The following organization is interested in participating in the extracurricular tax credit payroll deduction program for AZ State Tax Credit and designating their funds to Lake Havasu Unified School District.

Organization: **Lake Havasu City**
Address: **2330 McCulloch Blvd, Lake Havasu City, AZ 86403**
Phone: **928-855-2116, XT 4114**
Contact: **Christy Yaeger**

- **A receipt is issued for tax purposes to each participant at the beginning of the new tax year.**
- Payroll Deduction forms and tax credit information will be provided for your staff.
- Employees choose a designation preference & contribute annually per calendar tax year (January-December). New forms and agreement are presented in November for the following year.
- Participation is not restricted. Employees may participate any time throughout the year ending **Dec. 31, 2018**. Each employee will receive a receipt for the total amount they have contributed during the tax year. The employer is not responsible for the employees designated amount. This Agreement may be cancelled in accordance with Arizona Revised Statutes Section 38-511.
- Participation of up to \$400.00 is allowed for married filing jointly, and \$200 for single/ widowed/head of household is allowed by 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.
- A copy of Payroll Deduction form with the designation as employee joins. 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.)
Biweekly, Bimonthly, Weekly, or Monthly.
- **Funds must be submitted to LHUSD #1 as they are deducted by employer.**

I understand the above agreement:

(Authorized Signature)

Title: _____

Date

(LHUSD #1 Business Director)

Date