

# Cave Creek Unified School District No. 93

## Arizona Tax Credit Form

The maximum Tax Credit Contribution currently is \$400.00 for Married filing jointly and \$200.00 individually for Married filing separately. Filing as Single is still \$200.00 maximum. It is important to note that only **INDIVIDUALS** who wish to support extracurricular activities are eligible for the Arizona state Tax Credit. Contributions from **Partnerships, S Corporations, Trusts, Estates and LLCs** are **not eligible** for this Tax Credit. **Personal checks only.** Tax credit contributions are non-refundable.

Donor Name \_\_\_\_\_  
(Please Print Clearly)  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Total Amount \$ \_\_\_\_\_

**I wish to apply the amounts below to the support of the following extracurricular activity:**

- |   |   |
|---|---|
| <input type="checkbox"/> \$ _____ Athletic Fee (Pay to Play):<br>Student Name _____<br>Sport _____<br>Additional \$ for above Sport _____ | <input type="checkbox"/> \$ _____ Character Education Programs  |
| <input type="checkbox"/> \$ _____ Club Fees:<br>Student Name _____<br>Club _____<br>Additional \$ for above Club _____                    | <input type="checkbox"/> \$ _____ Performing & Fine Arts  |
| <input type="checkbox"/> \$ _____ Standardized Testing:<br>Student Name _____<br>Test(s) _____  | <input type="checkbox"/> \$ _____ Gifted/Enrichment Programs  |
| <input type="checkbox"/> \$ _____ Assessment for CTE:<br>Student Name _____   | <input type="checkbox"/> \$ _____ Programs Most in Need   |
|   | <input type="checkbox"/> \$ _____ Field Trips (non-recreational)<br>Student Name _____<br>Trip Name _____ |
|   | <input type="checkbox"/> \$ <u>25</u> Elementary Activity Fee<br>Student Name _____<br>Teacher Name _____ |

- \$ \_\_\_\_\_ Capital Items (example: furniture, furnishings, athletic equipment, computer software, pupil & nonpupil transportation vehicles & equipment, textbooks, instructional aids, library books)
- \$ \_\_\_\_\_ Student Consumable Health Care Supplies (example: tissues, hand wipes, bandages)
- \$ \_\_\_\_\_ Playground Equipment, Shade Structures for Playground Equipment

### Apply My Contribution to the Following School(s):

- |  |   |
|--|---|
| <input type="checkbox"/> Black Mountain Elementary School (K-6) (480) 575-2100   | <input type="checkbox"/> Lone Mountain Elementary School (K-6) (480) 437-3000 |
| <input type="checkbox"/> Desert Sun Academy (K-6) (480) 575-2900                 | <input type="checkbox"/> Sonoran Trails Middle School (7-8) (480) 272-8600    |
| <input type="checkbox"/> Desert Willow Elementary School (K-6) (480) 575-2800    | <input type="checkbox"/> Cactus Shadows High School (9-12) (480) 575-2400     |
| <input type="checkbox"/> Horseshoe Trails Elementary School (K-6) (480) 272-8500 |   |

Mailing address for all school sites:  
Please include school name  
P.O. Box 426  
Cave Creek, AZ 85327