

EXTRA-CURRICULAR ACTIVITY FEE TAX CREDIT
MOHAVE VALLEY ELEMENTARY SCHOOL DISTRICT #16
8450 S. OLIVE AVE. MOHAVE VALLEY, AZ 86440
PHONE: (928) 768-2507 FAX: (928) 768-2510

*Please fill out one form per contributor: PLEASE PRINT. Make checks payable to
Mohave Valley Elementary School District #16 and send or drop off to the address above.*

*To count for the 2019 tax year, contributions may be made on or before April 15, 2020.
To count for the 2020 tax year, contributions may be made January 1, 2020 through April
15, 2021. Please indicate which tax year you are contributing for*
☐ 2019 ☐ 2020

Contributor/Taxpayer: _____ Date: _____

Contributor/Taxpayer Address: _____

City: _____ State: Arizona Zip Code: _____

We would like to encourage you to designate where your funds go, but to ensure their use in a timely manner, all funds can be reallocated at the discretion of the schools' site council.

Please select *at least* one of these schools: Activities you wish to contribute to:

| <u>CTDS #</u> | |
|--------------------------------------|---------------------------------|
| () Camp Mohave Elementary 080416105 | () All No-Preference |
| () Fort Mojave Elementary 080416104 | () Music/Art |
| () Mohave Valley Jr. High 080416103 | () Athletics/Intramural Sports |
| | () Extra-Curricular Travel |
| | () Other Preference** _____ |

Check www.mvesd16.org for Preference List ** Must be from approved preference list only

Please select participation amount:

\$ _____ **Maximum of up to \$200 (AZ Income tax filing: Single or Widowed)**

\$ _____ **Maximum of up to \$400 (AZ Income tax filing: Married Filing Jointly)**

NEW!!! Students participating in extra-curricular activities will be required to pay the sum of \$1 min - \$100 max per activity. There will be no discount for multiple activities or multiple children. Fees for specific programs may be reduced at the discretion of the Principal when there are no associated costs for coaches/sponsors and/or transportation. Every effort will be made to allow students to participate regardless of ability to pay.

| | | |
|-----------------------|-----------------|---------------|
| Student's Name: _____ | Activity: _____ | Amount: _____ |
| Student's Name: _____ | Activity: _____ | Amount: _____ |
| Student's Name: _____ | Activity: _____ | Amount: _____ |

The above payment is eligible for the Arizona State income tax credit as allowed by A.R.S. 43-1089.01. Please consult with your personal tax advisor to determine the application of this credit as all taxes are different. *A receipt will be given or mailed at the time of your contribution.*

***** For School Use *****

Amount Received: \$ _____ Receipt Number: _____
From: _____

School Official

Date