

## TAX CREDIT APPLICATION FOR CORPORATE STATE INCOME TAX CREDIT

(LOW INCOME SCHOOL TUITION, §ARS 43-1183 AND/OR FOR  
DISABLED/DISPLACED STUDENTS, §ARS 43-1184)

### INSTRUCTIONS:

PLEASE PRINT LEGIBLY OR TYPE. FAILURE TO COMPLETE FORM WILL RESULT IN A DELAY IN THE PROCESSING OF THE REQUEST, RESULTING IN AN EXTENSION OF THE TWENTY-DAY APPROVAL PERIOD AND POSSIBLY BEING MOVED DOWN IN THE LINE FOR CREDIT REQUESTS.

### MAIL OR EMAIL THE COMPLETED FORM TO:



**CCSTO**  
**PO Box 2259**  
**SIERRA VISTA, AZ 85636**  
**(520) 456-4961**  
**MSUBIA.CCSTO@GMAIL.COM**  
**WWW.CCSTO.ORG**

### PLEASE SELECT A BOX BELOW:

(IF YOU WOULD LIKE TO MAKE A STANDARD AND DISABLED/DISPLACED DONATION, **PLEASE COMPLETE TWO SEPARATE FORMS.** THE AGGREGATE COMBINED MINIMUM DONATION IS \$5,000.00. THANK YOU.)

<input type="checkbox"/> THIS DONATION IS FOR THE CORPORATE TUITION ORGANIZATION CREDITS (§ARS 43-1183)
<input type="checkbox"/> THIS DONATION IS FOR THE CORPORATE DISABLED/DISPLACED STUDENTS CREDIT (§ARS 43-1184)
<input type="checkbox"/> THIS DONATION COMES FROM INSURANCE PREMIUM TAX.

<b>Corporation Requesting to Donate:</b>	Corporation Name.	
Corporation Street Address:	Enter address.	
Contact Name:	Contact name.	Phone: Enter number.
Corporate FEIN:	FEIN.	Requested Donation Amount: \$ Enter amount.

### PLEASE SELECT BELOW:

(YOU MAY SELECT BOTH, IF SO, PLEASE INDICATE DISBURSAL AMOUNTS.)

<input type="checkbox"/> Recommend School: Recommended School.
<input type="checkbox"/> CCSTO's Most Needed Fund