



Payroll Deduction Agreement Form

Authorization Agreement

This agreement will remain in effect until **Marana Unified School District** receives a new Payroll Deduction Agreement form either canceling or changing the amount.

*Arizona law (ARS 43-1089.01) allows taxpayers to receive a **tax credit of up to \$200 for a single individual or a head of household and \$ 400 for a married couple filing a joint return** for donations that benefit students in our public schools. That's not just a deduction, it's a *tax credit* – it reduces what you owe in state taxes, dollar-for-dollar.

I, _____ (First, Middle, Last Name), understand the calendar year contributions for extracurricular activities shall not exceed the limits defined in ARS 43-1089.01 and authorize Human Resources to deduct from my paycheck the below mentioned item(s).

Site: _____ Certified Support Staff

Signature: _____ Date: _____

Purpose of Deduction

This agreement will remain in effect until receiving a new Payroll Deduction Agreement form either canceling or changing the amount.

<p style="text-align: center;">Marana Schools' 2340 Foundation</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p style="text-align: center;">Amount per payroll check: \$ _____</p>
<p style="text-align: center;">Extra Curricular Tax Credit</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p style="text-align: center;">Amount per payroll check: \$ _____</p>

For Tax Credit purposes only

Do you have a school preference? Yes _____
 No, where there is greatest need

Select the extracurricular activity you wish to support:

- | | | |
|--|---|--|
| <input type="checkbox"/> High/Middle School Athletics | <input type="checkbox"/> Class Participation Fees | <input type="checkbox"/> Extended Day Kindergarten |
| <input type="checkbox"/> After School/Enrichment Classes | <input type="checkbox"/> Performing and Fine Arts | <input type="checkbox"/> Field Trips |
| <input type="checkbox"/> Area of Greatest Need | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> After School Tutoring | | |

For Human Resource Use only

Date Received: _____ Date Entered: _____
Human Resource Initials: _____