



# TAX CREDIT 101

## IBE WEBINAR

The background of the slide is a photograph of five diverse children of various ethnicities, all smiling and looking towards the camera. They are arranged in two rows, with three children in the back and two in the front. The lighting is bright and warm, creating a positive and inclusive atmosphere.

# HOUSEKEEPING ITEMS

- Q&A – Only way to get questions answered
- List your child's school & grade





# WHAT WE WILL COVER

- What is a Tax Credit?
- What does it look like to be a Donor?
- What does it look like to be an Applicant?
- Recommended Funds/Soliciting Donations
- Universal ESA or STOs?
- What sets IBE Apart?
- What is your Plan of Action?

# What is a Tax Credit?

## **Tax Credit Definition:**

Donor/taxpayer receives a dollar-for-dollar credit  
against State tax liability  
(Form AZ 140)

## **Federal Charitable Deduction Definition:**

A deduction on your Federal tax return  
(Form IRS 1040)

A background image of a smiling female teacher with long dark hair, wearing a light blue button-down shirt, standing in a classroom and gesturing with her right hand. She is surrounded by students who are partially visible in the foreground. The classroom walls are decorated with various educational posters, including a world map, a periodic table, and a lightbulb diagram. The text "WHAT DOES IT LOOK LIKE TO BE A DONOR?" is overlaid in the center of the image. "WHAT DOES IT LOOK LIKE TO BE A" is in white, and "DONOR?" is in a larger, bold, blue font.

# WHAT DOES IT LOOK LIKE TO BE A **DONOR?**





# Where is my AZ Tax Liability?

## Basic Calculation of Line #48

Arizona Form 140 Resident Personal Income Tax Return 2024

Check box 82F Filing under extension OR FISCAL YEAR BEGINNING 12, 0, 2, 4 AND ENDING 12, 0, 2, 4

Your First Name and Middle Initial Last Name Enter your SSN(s) Spouse's Social Security No.

Spouse's First Name and Middle Initial (if box 4 or 6 checked) Last Name

Current Home Address - number and street, rural route Apt. No. Daytime Phone (with area code)

City, Town or Post Office State ZIP Code Last Names Used in Last Four Prior Year(s) (if different)

4 Married filing joint return 4a Injured Spouse Protection of Joint Overpayment

5 Head of household Enter name of qualifying child or dependent on next line

6 Married filing separate return Enter spouse's name and Social Security Number above

7 Single

8 Enter the number claimed. Do not put a check mark.

9 Age 65 or over (you and/or spouse) If completing lines 8, 9, and 11a, also complete lines 36, 38, and 41. For lines 11a and 11b, also complete line 41.

10a Blind (you and/or spouse)

10b Dependents: Under age 17

10c Dependents: Age 17 and over

10d Qualifying parents and grandparents

Box 10a and 10b: Dependent Information. See instructions. For more space, check the box and complete page 4, Part 1.

10c FIRST AND LAST NAME (Do not list yourself or spouse.) SOCIAL SECURITY NUMBER RELATIONSHIP NO OF MONTHS LIVED IN YOUR HOME IN 2024

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Box 11a: Qualifying parents and grandparents. See instructions. For more space, check the box and complete page 4, Part 2.

11a FIRST AND LAST NAME (Do not list yourself or spouse.) SOCIAL SECURITY NUMBER RELATIONSHIP NO OF MONTHS LIVED IN YOUR HOME IN 2024

11b

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12 Federal adjusted gross income (from your federal return) 12 \$150,000 00

13 Small Business Income: 13S check the box if you are filing Arizona Form 140-SBI and enter the amount from Form 140-SBI, line 10. 13 00

14 Modified federal adjusted gross income. Subtract line 13 from line 12. 14 00

15 Non-Arizona municipal interest. 15 00

16 Partnership income adjustment. See instructions. 16 00

17 Total federal depreciation. 17 00

18 Other Additions to Income: Complete Other Additions to Arizona Gross Income schedule on page 5. 18 00

19 Subtotal: Add lines 14 through 18 and enter the total. 19 00

20 Total net capital gain or (loss). See instructions. 20 00

21 Total net short-term capital gain or (loss). See instructions. 21 00

22 Total net long-term capital gain or (loss). See instructions. 22 00

23 Net long-term capital gain from assets acquired after December 31, 2011. See instructions. 23 00

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Qualifying Grand

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13 Small Business Income: 13S check the box if you are filing Arizona Form 140-SBI and enter the amount from Form 140-SBI, line 10. 13 00

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20 Total net capital gain or (loss). See instructions. 20 00

21 Total net short-term capital gain or (loss). See instructions. 21 00

22 Total net long-term capital gain or (loss). See instructions. 22 00

23 Net long-term capital gain from assets acquired after December 31, 2011. See instructions. 23 00

Your Name (as shown on page 1) Your Social Security Number

36 Other Subtractions from Income. Complete Other Subtraction from Arizona Gross Income schedule on page 6. 36 00

37 Subtract line 36 from line 35. Enter the difference. 37 00

38 Age 65 or over: Multiply the number in box 8 by \$2,100. 38 00

39 Blind: Multiply the number in box 9 by \$1,500. 39 00

40 Other Exemptions. See instructions. 40E Multiply the number in box 40E by \$2,300. 40 00

41 Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000. 41 00

42 Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "0". 42 00

43 Deductions: Check box and enter amount. See instructions. 43I ITEMIZED 43S STANDARD 43 \$30,000 00

44 If you checked box 43S and claim charitable contributions, check 44C Complete page 3. See instructions. 44 00

45 Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0". 45 \$120,000 00

46 Tax: Multiply line 45 by 2.5% (.025). Enter the result. 46 00

47 Tax from recapture of credits from Arizona Form 301, Part 2, line 30. 47 00

48 Subtotal of tax: Add lines 46 and 47. Enter the total. 48 \$3,000 00

49 Dependent Tax Credit. See instructions. 49 00

50 Family income tax credit (from the worksheet - see instructions). 50 00

51 Nonrefundable Credits from Arizona Form 301, Part 2, line 60. 51 00

52 Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater than line 48, enter "0". 52 00

53 2024 AZ income tax withheld. 53 00

54 2024 AZ estimated tax payments. 54a 00 Claim of Right 54b 00 Add 54a and 54b. 54c 00

55 2024 AZ extension payment (Form 204). 55 00





# Dollar-for-Dollar credit on your AZ State Taxes!

Arizona Form 140 Resident Personal Income Tax Return 2024

Check box 82F ☐ If filing under extension OR FISCAL YEAR BEGINNING (2, 0, 2, 4) AND ENDING (2, 0, 2, 4)

Your First Name and Middle Initial Last Name Enter your SSN(s) Your Social Security Number

1 Spouse's First Name and Middle Initial (if box 4 or 6 checked) Last Name Spouse's Social Security No.

2 Current Home Address - number and street, rural route Apt. No. Daytime Phone (with area code)

3 City, Town or Post Office State ZIP Code Last Names Used in Last Four Prior Years (if different)

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5 ☐ Head of household Enter name of qualifying child or dependent on next line

6 ☐ Married filing separate return Enter spouse's name and Social Security Number above

7 ☐ Single

8 Enter the number claimed. Do not put a check mark.

9 Age 65 or over (you and/or spouse) If completing lines 8, 9, and 11a, also complete lines 36, 37, and 41. For lines 10a and 10b, also complete line 48.

10a Blind (you and/or spouse)

10b Dependents: Under age of 17 10b Dependents: Age 17 and over

11a Qualifying parents and grandparents

(Box 10a and 10b) Dependent Information See instructions. For more space, check the box ☐ and complete page 4, Part 1.

(a) FIRST AND LAST NAME (Do not list yourself or spouse.) (b) SOCIAL SECURITY NUMBER (c) RELATIONSHIP (d) NO OF MONTHS LIVED IN YOUR HOME IN 2024 (e) ☐ Dependent Age 17 or under (f) ☐ If you did not claim this person on your federal return due to educational credits

10c 10d 10e

(Box 11a) Qualifying parents and grandparents See instructions. For more space, check the box ☐ and complete page 4, Part 2.

(a) FIRST AND LAST NAME (Do not list yourself or spouse.) (b) SOCIAL SECURITY NUMBER (c) RELATIONSHIP (d) NO OF MONTHS LIVED IN YOUR HOME IN 2024 (e) ☐ If you did not claim this person on your federal return due to educational credits

11b 11c

12 Federal adjusted gross income (from your federal return) 12 00

13 Social Business Income: 13 ☐ check the box if you are filing Arizona Form 140-SB and enter the amount from Form 140-SB, line 10. 13 00

14 Modified federal adjusted gross income. Subtract line 13 from line 12. 14 00

15 Non-Arizona municipal interest. 15 00

16 Partnership income adjustment. See instructions. 16 00

17 Total federal depreciation. 17 00

18 Other Additions to Income: Complete Other Additions to Arizona Gross Income schedule on page 5. 18 00

19 Subtotal: Add lines 14 through 18 and enter the total. 19 00

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Your Name (as shown on page 1)		Your Social Security Number	
36	Other Subtractions from Income. Complete <i>Other Subtraction from Arizona Gross Income</i> schedule on page 6.....	36	00
37	Subtract line 36 from line 35. Enter the difference .....	37	00
38	Age 65 or over: Multiply the number in box 8 by \$2,100 .....	38	00
39	Blind: Multiply the number in box 9 by \$1,500 .....	39	00
40	Other Exemptions. See instructions.....40E <input type="checkbox"/> Multiply the number in box 40E by \$2,300.....	40	00
41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000.....	41	00
42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "0".....	42	00
43	Deductions: Check box and enter amount. See instructions ..... 43I <input type="checkbox"/> ITEMIZED...43S <input type="checkbox"/> STANDARD	43	00
44	If you checked box 43S and claim charitable contributions, check 44C <input type="checkbox"/> Complete page 3. See instructions.....	44	00
45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0".....	45	00
46	Tax: Multiply line 45 by 2.5% (.025). Enter the result.....	46	00
47	Tax from recapture of credits from Arizona Form 301, Part 2, line 30 .....	47	00
48	Subtotal of tax: Add lines 46 and 47. Enter the total .....	48	\$3,000 00
49	Dependent Tax Credit. See instructions .....	49	00
50	Family income tax credit (from the worksheet - see instructions).....	50	00
51	Nonrefundable Credits from Arizona Form 301, Part 2, line 60.....	51	\$3,000 00
52	Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater than line 48, enter "0".....	52	\$3,000 00
53	2024 AZ income tax withheld.....	53	\$3,000 00
54	2024 AZ estimated tax payments..54a <input type="checkbox"/> 00 Claim of Right 54b <input type="checkbox"/> 00 Add 54a and 54b..	54c	00
55	2024 AZ extension payment (Form 204) .....	55	00
56	Increased Excise Tax Credit (from the worksheet - see instructions) .....	56	00
57	Property Tax Credit from Arizona Form 140PTC.....	57	00
58	Other refundable credits: Check the box(es) and enter the total amount.....581 <input type="checkbox"/> 308-I 582 <input type="checkbox"/> 334 583 <input type="checkbox"/> 349	58	00
59	Total payments and refundable credits: Add lines 53 through 58. Enter the total.....	59	\$0 00
60	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax due. Skip lines 61, 62 and 63.....	60	00
61	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpayment.....	61	00
62	Amount of line 61 to be applied to 2025 estimated tax.....	62	00
63	Balance of overpayment: Subtract line 62 from line 61. Enter the difference .....	63	00





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Check box 82F ☐ If filing under extension OR FISCAL YEAR BEGINNING 12, 0, 2, 4 AND ENDING 12, 0, 2, 4

Your First Name and Middle Initial Last Name Enter your SSN(s) Your Social Security Number

1 Spouse's First Name and Middle Initial (if box 4 or 6 checked) Last Name Spouse's Social Security No.

2 Current Home Address - number and street, rural route Apt. No. Daytime Phone (with area code)

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7 ☐ Single

8 Enter the number claimed. Do not put a check mark.

9 Age 65 or over (you and/or spouse) If completing lines 8, 9, and 11a, also complete lines 36, 37, and 41. For lines 10a and 10b, also complete line 48.

10a Blind (you and/or spouse)

10b Dependents: Under age of 17 10b Dependents: Age 17 and over

11a Qualifying parents and grandparents

(Box 10a and 10b) Dependents Information See instructions. For more space, check the box ☐ and complete page 4, Part 1.

(a) FIRST AND LAST NAME (Do not list yourself or spouse.) (b) SOCIAL SECURITY NUMBER (c) RELATIONSHIP (d) NO OF MONTHS LIVED IN YOUR HOME IN 2024 (e) ☐ Dependent Age 18 or under (f) ☐ If you did not claim this person on your federal return due to educational credits

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(Box 11a) Qualifying parents and grandparents See instructions. For more space, check the box ☐ and complete page 4, Part 2.

(a) FIRST AND LAST NAME (Do not list yourself or spouse.) (b) SOCIAL SECURITY NUMBER (c) RELATIONSHIP (d) NO OF MONTHS LIVED IN YOUR HOME IN 2024 (e) ☐ If age 65 or over (f) ☐ If died in 2024

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12 Federal adjusted gross income (from your federal return) 12 00

13 Social Business Income: 13 ☐ check the box if you are filing Arizona Form 140-SB and enter the amount from Form 140-SB, line 10. 13 00

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36	Other Subtractions from Income. Complete <i>Other Subtraction from Arizona Gross Income</i> schedule on page 6.....	36	00
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38	Age 65 or over: Multiply the number in box 8 by \$2,100 .....	38	00
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45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0".....	45	00
46	Tax: Multiply line 45 by 2.5% (.025). Enter the result.....	46	00
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55	2024 AZ extension payment (Form 204) .....	55	00
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59	<b>Total payments and refundable credits:</b> Add lines 53 through 58. Enter the total.....	59	\$3,000 00
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61	<b>OVERPAYMENT:</b> If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpayment.....	61	\$3,000 00
62	Amount of line 61 to be applied to 2025 estimated tax.....	62	00
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# Dollar-for-Dollar credit on your AZ State Taxes!

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1 Your First Name and Middle Initial Last Name Enter your SSN(s) Your Social Security Number

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5 4 ☐ Married filing joint return 4a ☐ Injured Spouse Protection of Joint Overpayment 5 ☐ Head of household Enter name of qualifying child or dependent on next line

6 6 ☐ Married filing separate return: Enter spouse's name and Social Security Number above. 7 ☐ Single

8 Enter the number claimed. Do not put a check mark. 8 ☐ Age 65 or over (you and/or spouse) 9 ☐ Blind (you and/or spouse) 10a ☐ Dependents: Under age of 17 10b ☐ Dependents: Age 17 and over

11a Qualifying parents and grandparents: (Box 10a and 10b) Dependent Information. See instructions. For more space, check the box ☐ and complete page 4, Part 1.

11b (Box 11a) Qualifying parents and grandparents. See instructions. For more space, check the box ☐ and complete page 4, Part 2.

12 Federal adjusted gross income (from your federal return) 12 00

13 Social Business Income: 13 ☐ check the box if you are filing Arizona Form 140-SB and enter the amount from Form 140-SB, line 10. 13 00

14 Modified federal adjusted gross income. Subtract line 13 from line 12. 14 00

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36	Other Subtractions from Income. Complete <i>Other Subtraction from Arizona Gross Income</i> schedule on page 6.....	36	00
37	Subtract line 36 from line 35. Enter the difference .....	37	00
38	Age 65 or over: Multiply the number in box 8 by \$2,100 .....	38	00
39	Blind: Multiply the number in box 9 by \$1,500 .....	39	00
40	Other Exemptions. See instructions.....40E <input type="checkbox"/> Multiply the number in box 40E by \$2,300.....	40	00
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41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000.....	41	00
42	<b>Arizona adjusted gross income:</b> Subtract lines 38 through 41 from line 37. If less than zero, enter "0".....	42	00
43	<b>Deductions: Check box and enter amount.</b> See instructions ..... 43I <input type="checkbox"/> ITEMIZED...43S <input type="checkbox"/> STANDARD	43	00
44	If you checked box 43S and claim charitable contributions, check 44C <input type="checkbox"/> Complete page 3. See instructions.....	44	00
45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0".....	45	00
46	Tax: Multiply line 45 by 2.5% (.025). Enter the result.....	46	00
47	Tax from recapture of credits from Arizona Form 301, Part 2, line 30 .....	47	00
48	Subtotal of tax: Add lines 46 and 47. Enter the total .....	48	\$3,000 00
49	Dependent Tax Credit. See instructions .....	49	00
50	Family income tax credit (from the worksheet - see instructions).....	50	00
51	Nonrefundable Credits from Arizona Form 301, Part 2, line 60.....	51	\$3,000 00
52	<b>Balance of tax:</b> Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater than line 48, enter "0".....	52	\$0 00
53	2024 AZ income tax withheld.....	53	\$4,000 00
54	2024 AZ estimated tax payments..54a <input type="checkbox"/> 00 Claim of Right 54b <input type="checkbox"/> 00 Add 54a and 54b..	54c	00
55	2024 AZ extension payment (Form 204) .....	55	00
56	Increased Excise Tax Credit (from the worksheet - see instructions) .....	56	00
57	Property Tax Credit from Arizona Form 140PTC.....	57	00
58	Other refundable credits: Check the box(es) and enter the total amount.....581 <input type="checkbox"/> 308-I 582 <input type="checkbox"/> 334 583 <input type="checkbox"/> 349	58	00
59	<b>Total payments and refundable credits:</b> Add lines 53 through 58. Enter the total.....	59	\$4,000 00
60	<b>TAX DUE:</b> If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax due. Skip lines 61, 62 and 63.....	60	00
61	<b>OVERPAYMENT:</b> If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpayment.....	61	\$4,000 00
62	Amount of line 61 to be applied to 2025 estimated tax.....	62	00
63	Balance of overpayment: Subtract line 62 from line 61. Enter the difference .....	63	00





# Dollar-for-Dollar credit on your AZ State Taxes!

Arizona Form 140 Resident Personal Income Tax Return 2024

Check box 82F ☐ If filing under extension OR FISCAL YEAR BEGINNING (2, 0, 2, 4) AND ENDING (2, 0, 2, 4)

Your First Name and Middle Initial Last Name Enter your SSN(s) Your Social Security Number

1 Spouse's First Name and Middle Initial (if box 4 or 6 checked) Last Name Spouse's Social Security No.

2 Current Home Address - number and street, rural route Apt. No. Daytime Phone (with area code)

3 City, Town or Post Office State ZIP Code Last Names Used in Last Four Prior Years (if different)

4 ☐ Married filing joint return 4a ☐ Injured Spouse Protection of Joint Overpayment

5 ☐ Head of household Enter name of qualifying child or dependent on next line

6 ☐ Married filing separate return Enter spouse's name and Social Security Number above

7 ☐ Single

8 Enter the number claimed. Do not put a check mark.

9 Age 65 or over (you and/or spouse) If completing lines 8, 9, and 11a, also complete lines 36, 37, and 41. For lines 10a and 10b, also complete line 48.

10a Blind (you and/or spouse)

10b Dependents: Under age of 17 10b Dependents: Age 17 and over

11a Qualifying parents and grandparents

(Box 10a and 10b) Dependents Information See instructions. For more space, check the box ☐ and complete page 4, Part 1.

(a) FIRST AND LAST NAME (Do not list yourself or spouse.) (b) SOCIAL SECURITY NUMBER (c) RELATIONSHIP (d) NO OF MONTHS LIVED IN YOUR HOME IN 2024 (e) ☐ Dependent Age 18 or under (f) ☐ If you did not claim this person on your federal return due to educational credits

10c 10d 10e

(Box 11a) Qualifying parents and grandparents See instructions. For more space, check the box ☐ and complete page 4, Part 2.

(a) FIRST AND LAST NAME (Do not list yourself or spouse.) (b) SOCIAL SECURITY NUMBER (c) RELATIONSHIP (d) NO OF MONTHS LIVED IN YOUR HOME IN 2024 (e) ☐ If age 65 or over (f) ☐ If died in 2024

11b 11c

12 Federal adjusted gross income (from your federal return) 12 00

13 Social Business Income: 13 ☐ check the box if you are filing Arizona Form 140-SB and enter the amount from Form 140-SB, line 10. 13 00

14 Modified federal adjusted gross income. Subtract line 13 from line 12. 14 00

15 Non-Arizona municipal interest. 15 00

16 Partnership income adjustment. See instructions. 16 00

17 Total federal depreciation. 17 00

18 Other Additions to Income: Complete Other Additions to Arizona Gross Income schedule on page 5. 18 00

19 Subtotal: Add lines 14 through 18 and enter the total. 19 00

20 20 00

21 21 00

22 22 00

23 23 00

24 24 00

25 25 00

26 26 00

27 27 00

28 28 00

29 29 00

30 30 00

31 31 00

32 32 00

33 33 00

34 34 00

35 35 00

36 36 00

37 37 00

38 38 00

39 39 00

40 40 00

41 41 00

42 42 00

43 43 00

44 44 00

45 45 00

46 46 00

47 47 00

48 48 00

49 49 00

50 50 00

51 51 00

52 52 00

53 53 00

54 54 00

55 55 00

56 56 00

57 57 00

58 58 00

59 59 00

60 60 00

61 61 00

62 62 00

63 63 00

Your Name (as shown on page 1)		Your Social Security Number	
36	Other Subtractions from Income. Complete <i>Other Subtraction from Arizona Gross Income</i> schedule on page 6.....	36	00
37	Subtract line 36 from line 35. Enter the difference .....	37	00
38	Age 65 or over: Multiply the number in box 8 by \$2,100 .....	38	00
39	Blind: Multiply the number in box 9 by \$1,500 .....	39	00
40	Other Exemptions. See instructions.....40E <input type="checkbox"/> Multiply the number in box 40E by \$2,300.....	40	00
41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000.....	41	00
42	<b>Arizona adjusted gross income:</b> Subtract lines 38 through 41 from line 37. If less than zero, enter "0".....	42	00
43	<b>Deductions: Check box and enter amount.</b> See instructions ..... 43I <input type="checkbox"/> ITEMIZED...43S <input type="checkbox"/> STANDARD	43	00
44	If you checked box 43S and claim charitable contributions, check 44C <input type="checkbox"/> Complete page 3. See instructions.....	44	00
45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0".....	45	00
46	Tax: Multiply line 45 by 2.5% (.025). Enter the result.....	46	00
47	Tax from recapture of credits from Arizona Form 301, Part 2, line 30 .....	47	00
48	Subtotal of tax: Add lines 46 and 47. Enter the total .....	48	\$3,000
49	Dependent Tax Credit. See instructions .....	49	00
50	Family income tax credit (from the worksheet - see instructions).....	50	00
51	Nonrefundable Credits from Arizona Form 301, Part 2, line 60.....	51	00
52	<b>Balance of tax:</b> Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater than line 48, enter "0".....	52	\$3,000
53	2024 AZ income tax withheld.....	53	\$2,000
54	2024 AZ estimated tax payments..54a <input type="checkbox"/> 00 Claim of Right 54b <input type="checkbox"/> 00 Add 54a and 54b. 54c	54	00
55	2024 AZ extension payment (Form 204) .....	55	00
56	Increased Excise Tax Credit (from the worksheet - see instructions) .....	56	00
57	Property Tax Credit from Arizona Form 140PTC.....	57	00
58	Other refundable credits: Check the box(es) and enter the total amount.....581 <input type="checkbox"/> 308-I 582 <input type="checkbox"/> 334 583 <input type="checkbox"/> 349	58	00
59	<b>Total payments and refundable credits:</b> Add lines 53 through 58. Enter the total.....	59	\$2,000
60	<b>TAX DUE:</b> If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax due. Skip lines 61, 62 and 63.....	60	\$1,000
61	<b>OVERPAYMENT:</b> If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpayment.....	61	00
62	Amount of line 61 to be applied to 2025 estimated tax.....	62	00
63	Balance of overpayment: Subtract line 62 from line 61. Enter the difference .....	63	00





# Dollar-for-Dollar credit on your AZ State Taxes!

Arizona Form 140 Resident Personal Income Tax Return 2024

Check box 82F ☐ If filing under extension OR FISCAL YEAR BEGINNING 12, 0, 2, 4 AND ENDING 12, 0, 2, 4

Your First Name and Middle Initial Last Name Enter your SSN(s) Your Social Security Number

1 Spouse's First Name and Middle Initial (if box 4 or 6 checked) Last Name Spouse's Social Security No.

2 Current Home Address - number and street, rural route Apt. No. Daytime Phone (with area code)

3 City, Town or Post Office State ZIP Code Last Names Used in Last Four Prior Year(s) (if different)

4 ☐ Married filing joint return 4a ☐ Injured Spouse Protection of Joint Overpayment

5 ☐ Head of household Enter name of qualifying child or dependent on next line

6 ☐ Married filing separate return Enter spouse's name and Social Security Number above

7 ☐ Single

8 Enter the number claimed. Do not put a check mark.

9 Age 65 or over (you and/or spouse) If completing lines 8, 9, and 11a, also complete lines 36, 37, and 41. For lines 10a and 10b, also complete line 48.

10a ☐ Blind (you and/or spouse)

10b ☐ Dependents: Under age of 17 10b ☐ Dependents: Age 17 and over

11a Qualifying parents and grandparents

(Box 10a and 10b) Dependents Information See instructions. For more space, check the box ☐ and complete page 4, Part 1.

(a) FIRST AND LAST NAME (Do not list yourself or spouse.) (b) SOCIAL SECURITY NUMBER (c) RELATIONSHIP (d) NO OF MONTHS LIVED IN YOUR HOME IN 2024 (e) ☐ Dependent Age 17 or under (f) ☐ If you did not claim this person on your federal return due to educational credits

10c

10d

10e

(Box 11a) Qualifying parents and grandparents See instructions. For more space, check the box ☐ and complete page 4, Part 2.

(a) FIRST AND LAST NAME (Do not list yourself or spouse.) (b) SOCIAL SECURITY NUMBER (c) RELATIONSHIP (d) NO OF MONTHS LIVED IN YOUR HOME IN 2024 (e) ☐ If age 65 or over (f) ☐ If died in 2024

11b

11c

12 Federal adjusted gross income (from your federal return) 12 00

13 Social Business Income: 13 ☐ check the box if you are filing Arizona Form 140-SB and enter the amount from Form 140-SB, line 10. 13 00

14 Modified federal adjusted gross income. Subtract line 13 from line 12. 14 00

15 Non-Arizona municipal interest. 15 00

16 Partnership income adjustment. See instructions. 16 00

17 Total federal depreciation. 17 00

18 Other Additions to Income: Complete Other Additions to Arizona Gross Income schedule on page 5. 18 00

19 Subtotal: Add lines 14 through 18 and enter the total. 19 00

20 Dividends: 20 00

21 Capital gains or losses: 21 00

22 Other income: 22 00

23 Arizona income tax withheld: 23 00

24 Non-refundable credits: 24 00

25 Refundable credits: 25 00

26 Total payments and refundable credits: 26 00

27 Tax due: 27 00

28 Overpayment: 28 00

29 Amount of line 28 to be applied to 2025 estimated tax: 29 00

30 Balance of overpayment: Subtract line 29 from line 27. Enter the difference. 30 00

Your Name (as shown on page 1)		Your Social Security Number	
36	Other Subtractions from Income. Complete <i>Other Subtraction from Arizona Gross Income</i> schedule on page 6.....	36	00
37	Subtract line 36 from line 35. Enter the difference .....	37	00
38	Age 65 or over: Multiply the number in box 8 by \$2,100 .....	38	00
39	Blind: Multiply the number in box 9 by \$1,500 .....	39	00
40	Other Exemptions. See instructions.....40E <input type="checkbox"/> Multiply the number in box 40E by \$2,300.....	40	00
41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000.....	41	00
42	<b>Arizona adjusted gross income:</b> Subtract lines 38 through 41 from line 37. If less than zero, enter "0".....	42	00
43	<b>Deductions: Check box and enter amount.</b> See instructions ..... 43I <input type="checkbox"/> ITEMIZED...43S <input type="checkbox"/> STANDARD	43	00
44	If you checked box 43S and claim charitable contributions, check 44C <input type="checkbox"/> Complete page 3. See instructions.....	44	00
45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0".....	45	00
46	Tax: Multiply line 45 by 2.5% (.025). Enter the result.....	46	00
47	Tax from recapture of credits from Arizona Form 301, Part 2, line 30 .....	47	00
48	Subtotal of tax: Add lines 46 and 47. Enter the total .....	48	\$3,000 00
49	Dependent Tax Credit. See instructions .....	49	00
50	Family income tax credit (from the worksheet - see instructions).....	50	00
51	Nonrefundable Credits from Arizona Form 301, Part 2, line 60.....	51	\$3,000 00
52	<b>Balance of tax:</b> Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater than line 48, enter "0".....	52	\$0 00
53	2024 AZ income tax withheld.....	53	\$2,000 00
54	2024 AZ estimated tax payments..54a <input type="checkbox"/> 00 Claim of Right 54b <input type="checkbox"/> 00 Add 54a and 54b. 54c	54	00
55	2024 AZ extension payment (Form 204) .....	55	00
56	Increased Excise Tax Credit (from the worksheet - see instructions) .....	56	00
57	Property Tax Credit from Arizona Form 140PTC.....	57	00
58	Other refundable credits: Check the box(es) and enter the total amount.....581 <input type="checkbox"/> 308-I 582 <input type="checkbox"/> 334 583 <input type="checkbox"/> 349	58	00
59	<b>Total payments and refundable credits:</b> Add lines 53 through 58. Enter the total.....	59	\$2,000 00
60	<b>TAX DUE:</b> If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax due. Skip lines 61, 62 and 63.....	60	00
61	<b>OVERPAYMENT:</b> If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpayment.....	61	\$2,000 00
62	Amount of line 61 to be applied to 2025 estimated tax.....	62	00
63	Balance of overpayment: Subtract line 62 from line 61. Enter the difference .....	63	00





**2025 Private School Tax Credit by April 15, 2026**

Single \$1,535

Married Filing Jointly \$3,062

**Public School Tax Credit by April 15, 2026**

Single \$200

Married Filing Jointly \$400

**QFCO - Foster Care Tax Credit by April 15, 2026**

Single \$618

Married Filing Jointly \$1,234

**QCO - Charitable Tax Credit by April 15, 2026**

Single \$495

Married Filing Jointly \$987

**Military Family Relief Tax Credit by December 31, 2025**

Single \$200

Married Filing Jointly \$400

**Grand Total of Tax Credits Available**

Single \$3,048

Married \$6,083

# WHEN TO GIVE

- Must be made prior to filing taxes and on or before tax day
- All at once  
– often on tax day
- Throughout the tax year







# Monthly Donations Automatically Withdrawn



## Authorization Agreement for Monthly Donations

Title: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Mr. & Mrs. ☐ Dr. & Mrs. ☐ Dr. & Mr. ☐ Dr. & Dr.

Filing Status: ☐ Single ☐ Married, jointly ☐ Married, separately

Donor(s) Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

For school recommendations only: we will share your contact information. ☐ No thank you

2025 Tax Year Original Individual	2025 Tax Year PLUS/Switcher
Single filers maximum donation: \$769	Single filers maximum donation: \$766
Married filing jointly maximum donation \$1,535	Married filing jointly maximum donation \$1,527
<b>Recommend:</b>	<b>Recommend:</b>
<input type="checkbox"/> IBE's most needed fund	<input type="checkbox"/> IBE's most needed fund
<input type="checkbox"/> School: _____	<input type="checkbox"/> School: _____
<input type="checkbox"/> Student(s): _____	<input type="checkbox"/> Student(s): _____

Amount of my monthly donation to be applied first to my Original Individual donation and then my PLUS donation: \$ \_\_\_\_\_ per month.

Original Individual yearly total: \$ \_\_\_\_\_

PLUS/Switcher yearly total: \$ \_\_\_\_\_

Combined yearly total: \$ \_\_\_\_\_

I would like my donations to start: \_\_\_\_\_<sup>22nd</sup> \_\_\_\_\_<sup>22nd</sup>  
MONTH YEAR MONTH YEAR

### Payment:

Type of Credit Card: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Credit Card Number: \_\_\_\_\_ Expires: \_\_\_\_\_

Electronic Transfer If choosing Electronic Transfer, a voided check must be attached to this form

Account #: \_\_\_\_\_ Routing #: \_\_\_\_\_

I hereby authorize Institute for Better Education (IBE) to automatically charge the account indicated above for the amount of the donation listed above on the 22<sup>nd</sup> of each month. If the 22<sup>nd</sup> falls on a weekend or holiday, I understand my card will be charged the following business day.

Please complete and return form to Jodi Schulz at [jschulz@ibescholarships.org](mailto:jschulz@ibescholarships.org).

Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notice (A.R.S. 43-1603): A School Tuition Organization cannot award, restrict or reserve scholarships solely on the basis of a donor recommendation. A taxpayer may not claim a tax credit if the taxpayer agrees to swap donations with another taxpayer to benefit either taxpayer's own dependent.



**Institute for  
Better Education**

T: 520.512.5438  
F: 520.203.0184

921 N. Swan Rd.  
Tucson, AZ 85711

[services@ibescholarships.org](mailto:services@ibescholarships.org)  
[ibescholarships.org](http://ibescholarships.org)



# Employee Withholding

Arizona Form <b>A-4C</b>		Request for Reduced Withholding to Designate for Tax Credits		2025
Provide this form to your employer. Do not mail this form to the Arizona Department of Revenue.				
Employee's Name		Employee's SSN		
Employee's Address – Number and street or PO Box				
Employee's City, State and ZIP Code				
<b>TO:</b>				
Employer's (Company) Name				
Employer's Address – Number and street or PO Box				
Employer's City, State and ZIP Code				
At my employer's option, I request that my withholding be reduced in accordance with Arizona Revised Statutes (A.R.S.) § 43-401(G) and that quarterly payments be made on my behalf to the following charity(ies), public school(s), or school tuition organization(s) [Entity]:				
<b>QUALIFYING CHARITIES, PUBLIC SCHOOLS, OR SCHOOL TUITION ORGANIZATIONS</b>				
<b>FIRST ENTITY</b>	Entity Name		Employer Identification No. (If known)	
	Entity Street Address		Phone No. (With area code)	
	Entity City	State	ZIP Code	Annual Amount:
				\$ .00
<b>SECOND ENTITY</b>	Entity Name		Employer Identification No. (If known)	
	Entity Street Address		Phone No. (With area code)	
	Entity City	State	ZIP Code	Annual Amount:
				\$ .00
<b>THIRD ENTITY</b>	Entity Name		Employer Identification No. (if known)	
	Entity Street Address		Phone No. (with area code)	
	Entity City	State	ZIP Code	Annual Amount:
				\$ .00
<input type="checkbox"/> If this box is checked, additional entities are designated on a separate sheet.				
I qualify for and am entitled to this amount of credit (\$ .00) for 2025 under A.R.S. §§ 43-1088, 43-1089, 43-1089.01 and/or 43-1089.03. Refer to the instructions for Arizona Forms 321, 322, 323, 348, and/or 352 for credit limits.				
EMPLOYEE'S SIGNATURE		DATE		
PRINT NAME				
<b>FOR EMPLOYER USE ONLY</b>				
<input type="checkbox"/> Approved by:		Date		
Total Contribution	Pay Periods	Current Withholding	Amount Per Pay Period (not more than current):	
\$		\$	\$	
<input type="checkbox"/> Denied – Indicate reason:		Employee Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do not mail this form to the Arizona Department of Revenue. Give it to your employer.				

ADOR 10761 (24)

IBE		Private School Withholding Application	
<b>Title:</b> <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. & Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Dr. & Mrs. <input type="checkbox"/> Dr. & Mr. <input type="checkbox"/> Dr. & Dr.			
<b>Filing Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married, jointly <input type="checkbox"/> Married, separately			
<b>Donor Information:</b>			
Donor Name: _____			
Address: _____		City: _____	State: _____ Zip: _____
Phone Number: _____		Email: _____	
<b>Employer Information:</b>			
Employing Company name: _____			
Primary Contact name and title: _____			
Employer Address: _____			
City: _____		State: _____	Zip: _____ Phone: _____
<b>2025 TAX YEAR:</b> Single filers may contribute: \$769 for Original Individual and \$766 for PLUS Switcher Married filers may contribute: \$1,535 for Original Individual and \$1,527 for PLUS Switcher			
I would like to recommend my gift for scholarship assistance to:			
<b>Original Individual</b>		<b>PLUS Switcher</b>	
Recommend:		By law, you may only donate to PLUS if you have fulfilled your Original Individual donation for that same tax year.	
<input type="checkbox"/> IBE's most needed fund		Recommend:	
<input type="checkbox"/> School: _____		<input type="checkbox"/> IBE's most needed fund	
<input type="checkbox"/> Student(s): _____		<input type="checkbox"/> School: _____	
		<input type="checkbox"/> Student(s): _____	
Donor Signature: _____ Date: _____			
Notice (A.R.S. 43-1603): A School Tuition Organization cannot award, restrict or reserve scholarships solely on the basis of a donor recommendation. A taxpayer may not claim a tax credit if the taxpayer agrees to swap donations with another taxpayer to benefit either taxpayer's own dependent.			
<b>Institute for Better Education</b>		T: 520.512.5438 F: 520.203.0184	921 N. Swan Rd. Tucson, AZ 85711 services@ibescholarships.org ibescholarships.org



# DONATING IS SIMPLE

- Website
- Phone Call
- Mail
- Stop by and see us!

# Donor Rules



- Donor cannot recommend own child
- Donor cannot make a “conditional” donation
- Donor cannot swap donations with another donor



# ARS NOTICE 43 – 1603:

- A School Tuition Organization cannot award, restrict, or reserve scholarships based solely on a donor's recommendation.
- A taxpayer may not claim a tax credit if the taxpayer agrees to swap donations with another taxpayer to benefit either taxpayer's own dependent.

# Donating is Simple!



## Donors Have a Choice!

- Recommend a student
- Recommend a school
- Recommend IBE's general fund





## Donation (3 of 4)

Please enter the total amount you would like to donate or click the  to show the maximum tax credit available for the year selected based on your filing status

Donation Amount: ?

\$1,535.00



### Single — 2025

Original Tax Credit

\$769.00

Plus/Switcher Tax Credit

\$766.00

Total: \$1,535.00

**Original Tax Credit:**\$769.00 ?

☒ Student Recommendation: ?

☐ School Recommendation: ?

☐ IBE General Fund: ?

**Plus Criteria: ?**

**PLUS / Switcher Tax Credit:**\$766.00 ?

☒ Student Recommendation: ?

☐ School Recommendation: ?

☐ IBE General Fund: ?

**Original Tax Credit:**\$769.00 ?

**Remaining Donation:** \$0.00

☒ Student Recommendation: ?

Student First Name

Student Last Name

School (Optional)

Amount

[+ Add another student](#)

☐ School Recommendation: ?

☐ IBE General Fund: ?

**PLUS / Switcher Tax Credit:**\$766.00 ?

**Remaining Donation:** \$0.00

☒ Student Recommendation: ?

Student First Name

Student Last Name

School (Optional)

Amount


[+ Add another student](#)

☐ School Recommendation: ?

☐ IBE General Fund: ?



## Donation (3 of 4)

Please enter the total amount you would like to donate or click the  to show the maximum tax credit available for the year selected based on your filing status

Donation Amount: ?

\$1,535.00



### Single — 2025

Original Tax Credit

\$769.00

Plus/Switcher Tax Credit

\$766.00

Total: \$1,535.00

**Original Tax Credit:** \$769.00 ?

☐ Student Recommendation: ?

☒ School Recommendation: ?

☐ IBE General Fund: ?

**Plus Criteria:** ?

**PLUS / Switcher Tax Credit:** \$766.00 ?

☐ Student Recommendation: ?

☒ School Recommendation: ?

☐ IBE General Fund: ?

**Original Tax Credit:** \$769.00 ?

**Remaining Donation:** \$0.00

☐ Student Recommendation: ?

☒ School Recommendation: ?

School

Amount

\$769.00

[+ Add another school](#)

☐ IBE General Fund: ?

**PLUS / Switcher Tax Credit:** \$766.00 ?

**Remaining Donation:** \$0.00

☐ Student Recommendation: ?

☒ School Recommendation: ?

School

Amount

\$766.00

[+ Add another school](#)

☐ IBE General Fund: ?





## Donation (3 of 4)

Please enter the total amount you would like to donate or click the  to show the maximum tax credit available for the year selected based on your filing status

Donation Amount: ?

\$1,535.00



### Single — 2025

Original Tax Credit

\$769.00

Plus/Switcher Tax Credit

\$766.00

Total: \$1,535.00

#### Original Tax Credit: \$769.00 ?

☐ Student Recommendation: ?

☐ School Recommendation: ?

☒ IBE General Fund: ?

Original Tax Credit: \$769.00 ?

Remaining Donation: \$0.00

☐ Student Recommendation: ?

☐ School Recommendation: ?

☒ IBE General Fund: ?

Amount

\$769.00

#### Plus Criteria: ?

#### PLUS / Switcher Tax Credit: \$766.00 ?

☐ Student Recommendation: ?

☐ School Recommendation: ?

☒ IBE General Fund: ?

Plus Criteria: ?

PLUS / Switcher Tax Credit: \$766.00 ?

Remaining Donation: \$0.00

☐ Student Recommendation: ?

☐ School Recommendation: ?

☒ IBE General Fund: ?

Amount

\$766.00

The background of the slide is a photograph of two young students, a girl and a boy, sitting at a desk and working on their schoolwork. The girl is on the left, leaning over her desk and writing in a notebook. The boy is on the right, also writing in a notebook. A teacher's hand is visible, pointing at the boy's notebook. The entire image is overlaid with a semi-transparent blue filter. The text "WHAT DOES IT LOOK LIKE TO BE A" is in white, and "APPLICANT?" is in a bright blue color.

# WHAT DOES IT LOOK LIKE TO BE A **APPLICANT?**



# HOW TO APPLY

- Register on website
- Apply each academic year
- Paper application
- Income verification
- Eligibility verification



# Online Registration

[Schools](#) [Login](#) [Create Account](#)

## Register.

Create an account.

First Name

Donor or Parent/Guardian (Applicant)

Last Name

Donor or Parent/Guardian (Applicant)

Email

Email

**Passwords must be a minimum of 8 characters. Passwords also must have at least one capital letter, one lower case letter, number and special character (e.g. @, \*, !)**

Password

Confirm Password

Confirm Password

☐ I am a prior donor or applicant.

Or select one or both of the below option(s).

☐ I am a new donor

☐ I am a new applicant

If you have received a prior scholarship from IBE, do not mark that you are a new applicant as this will delay future scholarships and payments.

Next >





# Online Registration

**You MUST check the certification box at the bottom in order to begin application.**

Beginning June 1st, financial aid applications will be assessed and awarded monthly until funds are depleted.

- My student(s) is enrolled full-time at an Arizona private school or is soliciting tax credits for the next school year.
- If I wish to apply for Low-Income Corporate, I will have the two most recent pay stubs or income statements for all income earners in the household. Click [here](#) for Corporate qualifications. ?
- If applicable, I will have the following documents ready to upload:
  - [Attendance verification](#) for any child(ren) switching from an Arizona public school. ?
  - [Transfer Verification](#) along with supporting documents requested in the form if transferring directly from ?
    - an Arizona homeschool program; or
    - out of state or country; or
    - receiving the Empowerment Scholarship Account (ESA) scholarship.
  - [Previous award verification](#) for any child(ren) who have been awarded from an STO other than IBE. ?
  - Copy of active duty military orders if child is a military dependent. ?
  - Arizona public school IEP, MET or 504 plan for disabled students preschool-12th grade. ?
- I am aware that if my student(s) receives ESA (Empowerment Scholarship Account), they are not eligible to receive any STO scholarship payments until I cancel my ESA and accept IBE awards. I will notify IBE immediately if my student(s) apply for and accept ESA funding during the academic year in which I am applying.

☐ I certify that I have read and agree with all bulleted points above.

Application Year

2025-2026



## 2025-2026 Application

### Guardian Information

Primary Guardian Title

Mrs.

Primary Guardian First Name

Primary Guardian Last Name

Secondary Guardian Title

Mr.

Secondary Guardian First Name

Secondary Guardian Last Name

Address

City

Tucson

State

AZ

Zip Code

Primary Phone Number

Secondary Phone Number

Continue



# Complete Application Confirm Enrollment and Tuition Balance



## 2025-2026 Scholarship Application

Register your file at [www.ibescholarships.org](http://www.ibescholarships.org) to track scholarships for your student(s) online

A parent or legal guardian must complete this form.

Beginning July 1st, financial aid applications will be assessed and awarded monthly until funds are depleted.

### Application requirements

- Student must be K-12<sup>th</sup> grade or a preschool student with an Arizona public school IEP or MET
- Student must be enrolled full-time in an Arizona private school
- Student may qualify for additional scholarships if any of the following apply:
  - Entering kindergarten
  - Transferring from
    - An Arizona public or charter school with at least 90 days of attendance in the previous academic year
    - An Arizona homeschool program
    - The Empowerment Scholarship Account (ESA) in the prior academic semester
    - A public, private or homeschool program from out of state or out of country
  - Dependent of active duty military stationed in Arizona on orders
  - Previously received an Original/Individual, PLUS/Switcher, Low-Income Corporate or Corporate Disabled/Displaced in a previous academic year and continued to attend a qualified private school
- Student may qualify for additional scholarships if the family household income is within the guidelines of the income chart based on household size
- If the family meets the income limits in the chart and any child(ren) meets the qualification bullet above, the family qualifies for Low-Income Corporate and the family must submit the two most recent pay statements for any income earners in the household.

Household Size	100% and below
2	\$72,387
3	\$91,211
4	\$110,034
5	\$128,858
6	\$147,682
7	\$166,506
8	\$185,329

### Parent/Guardian(s) Information:

Title: ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Mr. & Mrs. ☐ Dr. & Mrs. ☐ Dr. & Mr. ☐ Dr. & Dr.

First Parent/Guardian Name: \_\_\_\_\_

Second Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of person allowed to request information about your file, if any, other than guardian(s) listed above:

\_\_\_\_\_ Authorized Person's phone number: \_\_\_\_\_





# Income Verification

4. If applying for Low-Income Corporate (review requirements on page 1), IBE requires the last two (2) pay statements for all income earners in the household. If you do not have paystubs IBE requires the last two proof of income supplements. These could include, but are not limited to: Social Security benefit statements, Welfare benefit statements, Retirement benefit statements or Proof of child support or alimony. You may attach a letter further explaining your financial situation if necessary.

Name	Type: C - Child P - Parent O - Other	Gross Earnings From Work	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security	All Other Income	Check if no income	Check if a foster child
Example: John Smith	P	\$40k yrly.				<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>



**Financial Information:**

1. List **all** persons living in the household, including children. This would include yourself, your spouse, each child, grandchildren, relatives or any other person living in your residence full time.
2. Include **annual** gross income (before taxes) for all household members. Check "no income" for anyone not receiving income.
3. IBE will **not** accept applications with \$0 income listed for the household. If your family truly has no income, contact IBE for further documentation.
4. If applying for Low-Income Corporate (review requirements on page 1), IBE requires the last two (2) pay statements for all income earners in the household. If you do not have paystubs IBE requires the last two proof of income supplements. These could include, but are not limited to: Social Security benefit statements, Welfare benefit statements, Retirement benefit statements or Proof of child support or alimony. You may attach a letter further explaining your financial situation if necessary.

Name	Type: C - Child P - Parent O - Other	Gross Earnings From Work	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security	All Other Income	Check if no income	Check if a foster child
Example: John Smith	P	\$40k yrly.				<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

**Incomplete applications will not be processed.**

I certify that I am a parent or legal guardian of the child(ren) listed on this application. All information reported on this application is true and correct to the best of my knowledge.

I certify that I am aware that if my student(s) receives ESA (Empowerment Scholarship Account), they are not eligible to receive an award from any STO. I will notify IBE immediately if they receive ESA during the academic year in which I am applying.

I certify I am attaching required income documentation and any other applicable eligibility documentation.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notice (A.R.S. 45-1003): A school tuition organization cannot award, restrict, or receive scholarships based solely on a donor's recommendation. A taxpayer may not claim a tax credit if the taxpayer agrees to swap donations with another taxpayer to benefit either taxpayer if one dependent.



# School Attendance Verification or Previous Award Verification



## Transfer Verification

Must be completed by parent or legal guardian

My child \_\_\_\_\_ (student's name) is transferring directly from:

Check most recent schooling:

**Empowerment Scholarship Account (ESA) program**

Dates ESA was received: (start) \_\_\_\_\_ (end) \_\_\_\_\_

Must provide copy of letter from ESA stating the account has been closed.

☐ I confirm ESA funds have been used on behalf of my child.

☐ I confirm that my child is no longer accepting ESA funds.

☐ I confirm that my child can now accept tax credit scholarships.

**Homeschool**

Dates of most recent homeschool: (start) \_\_\_\_\_ (end) \_\_\_\_\_

Curriculum used during this time: \_\_\_\_\_

Must provide copy of intent to homeschool **and** homeschool termination filed with local governing agency.

☐ I confirm my child has received homeschool instruction in reading, grammar, math, social studies and science (per A.R.S 48-802).

**Out of state or out of country**

Name of most recent school attended: \_\_\_\_\_

Dates of attendance: (start) \_\_\_\_\_ (end) \_\_\_\_\_

Must provide a copy of most recent report card.

I certify that the information listed above is true and correct to the best of my knowledge.

Parent/Guardian's printed name: \_\_\_\_\_

Parent/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Institute for  
Better Education**

T: 520.512.5438  
F: 520.203.0184

921 N. Swan Rd.  
Tucson, AZ 85711

[ibescholarships.org](http://ibescholarships.org)



# Four Types of Scholarship Programs

## Six Scholarship Opportunities

**Individual  
Donors**

**Corporate  
Donors**

- Original/Individual Program
  - Financial Aid
  - Recommended Funds
- PLUS/Switcher Program
  - Financial Aid
  - Recommended Funds
- Low Income Corporate Program
- Disabled/Displaced Program

# Financial Aid Scholarship Opportunities

## Apply to every STO your school works with!



- Funded by Individual Taxpayers Recommending Private Schools
  - Individual / Original
  - PLUS / Switcher
- Funded by eligible Arizona business Recommending Private Schools
  - Corporate Low-Income
  - Corporate Disabled Displaced





## Individual/Original

Since 1997  
In place for over 26 yrs.

All K-12 children in AZ  
Private Schools are eligible

Limit of \$769 for  
Single Donors

Limit of \$1,535 for  
Married Donors

## PLUS/Switcher

Since 2012

Entering Kindergarten

Transferring from AZ Public/Charter  
School, Out of State or Country,  
Homeschool, or ESA

Stationed in AZ on  
Military Orders

Previous Corporate  
Award recipients also  
PLUS/Switcher Award recipient

Limit of \$766 for  
Single Donors

Limit of \$1,527 for  
Married Donors

## Donors

Single Donors can donate a  
TOTAL of **\$1,535!**

Married Donors can donate a  
TOTAL of **\$3,062!**





## Corporate

MUST meet state-mandated low-income Corporate guidelines (below)

Entering kindergarten

Transferring from AZ Public/Charter School, Out of State or Country, Homeschool, or ESA to private school

Disabled preschooler enrolled in a qualified disabled preschool

Dependent of active duty military stationed in Arizona on orders

Previous Corporate or PLUS/Switcher or Individual scholarship recipient and continued to attend a qualified private school

## Corporate Disabled/Displaced

Student has an IEP, MET or 504 plan from an Arizona public school

Student was placed at one time in the Arizona foster care system (to be verified by the Arizona Department of Child Safety)

## Donors (July 1, 2025)

Corporate Low-Income Cap is **\$135,000,000**

Corporate Disabled/Displaced Cap is **\$6,000,000**

Household Size	185% and below
2	\$72,387
3	\$91,211
4	\$110,034
5	\$128,858
6	\$147,682
7	\$166,506
8	\$185,329





**STO 123**

Orig/Ind \$1,500	PLUS/Switcher \$500
------------------	---------------------

**STO ABC**

Orig/Ind \$250	Corporate \$2,500
----------------	-------------------

**STO XYZ**

PLUS/Switcher \$1500	Corporate \$4,000
----------------------	-------------------

**Total of Financial Aid Scholarships Received**

Individual/Original \$1,750	PLUS/Switcher \$2,000	Corporate \$6,500
-----------------------------	-----------------------	-------------------

**Grand Total in Financial Aid Scholarships**

\$10,250
----------

# Recommended Fund Scholarship Opportunities



**Work with one STO that meets  
your needs!**

- Funded by Individual Taxpayers Recommending Private School Students
  - Individual / Original
  - PLUS / Switcher





## Individual/Original

Since 1997  
In place for over 26 yrs.

All K-12 children in AZ  
Private Schools are eligible

Limit of \$769 for  
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Since 2012

Entering Kindergarten

Transferring from AZ Public/Charter  
School, Out of State or Country,  
Homeschool, or ESA

Stationed in AZ on  
Military Orders

Previous Corporate  
Award recipients also  
PLUS/Switcher Award recipient

Limit of \$766 for  
Single Donors

Limit of \$1,527 for  
Married Donors

## Donors

Single Donors can donate a  
TOTAL of **\$1,535!**

Married Donors can donate a  
TOTAL of **\$3,062!**



The background of the slide is a blue-tinted photograph of three children of diverse backgrounds looking intently at a large globe. The globe is positioned in the lower right, and the children are leaning over it, with their faces close to the surface. The overall mood is one of collaborative learning and global awareness.

# DEFINITION OF **RECOMMENDED FUNDS**



# Recommended Funds Overview



## Arizona Taxpayers have a choice in how to pay State taxes

- Pay the State of Arizona Through the Arizona Department of Revenue or
- Donate to a tax credit organization and have a say in how their state taxes are spent

# Recommended Funds Overview



**With the Arizona Private School Tax Credit Program, donors continue to have a choice**

- Recommend a specific Arizona Private School Child
- Recommend a specific Arizona Private School or
- Recommend IBE's General Fund



# Recommended Funds Overview



**If a specific recommended student is awarded, that student will receive a scholarship for 92% of donated amount**

**There is no limit on how many donors can recommend your child**

**Excess annual donations roll over to following academic year**

The background of the slide is a solid dark blue. Overlaid on this background is a faint, semi-transparent image of several hands raised in the air, suggesting a crowd or a group of people participating in an event. The hands are positioned at various heights and angles, creating a sense of movement and collective action.

# WHEN CAN YOU START TO **SOLICIT FUNDS**

# When to Start Soliciting Funds Overview

Not in Private School....Yet



**One academic year prior to entering private school**

**Our application comes out the beginning of February**

**This gives you potentially two tax seasons to solicit recommended fund donations**

- Start soliciting in February
- Start paying for tuition 18 months later





# When to Start Soliciting Funds Overview

## In Private School on ESA



**One academic year prior to entering private school**

**Our application comes out generally at the beginning of February**

**You can continue to solicit recommended fund donations the entire time you are on ESA**

- You must have a current IBE Application annually
- You will be awarded a multi-year scholarship
- Once your ESA Contract is cancelled and you accept your multi-year scholarship, funds will be offered to private school.

# HOW DO I SOLICIT RECOMMENDED FUNDS?

- Mind Set
- Donor Focused Ask
- Become a donor Expert

# Mind Set



- Opportunity versus handout
- Less than 5% donate
- Most don't even know of this opportunity





## Donor Focused Ask

**Focus on your donor's reason for making the donation:**

- Does your donor understand the need for School Choice?
  - Personalized education tailored to each student's individual needs
  - Empowering students to succeed by focusing on their unique potential
  - Putting children FIRST in their education
- Does your donor understand how their tax credit donation can make a difference?
  - Making private education accessible to all children
  - Strengthening communities by educating children in the ways that suit them best

# Donor Expert:

**Increase  
Refund or  
Reduce What  
You Owe**

**Understand  
the Timing  
of Tax Credits**

- Donation must be made prior to filing taxes
- 60% of all tax year donations come into IBE from January 1<sup>st</sup> – April 15<sup>th</sup>
- 25% of donations come into IBE during first two weeks of April
- 16% of donations come into IBE the last two weeks of December



# Donor Expert:

**Be Able to  
Answer  
Questions  
About IBE**

- Has been helping families for over 27 years
- Only retains 8% for admin (not 10% as allowed by law)
- Awards 92% always
- Recommendations will never be guaranteed although honoring recommendations is important to IBE
- Once recommended funds are awarded, they roll over year-to-year
- Recommended Fund Scholarships are typically offered to the private school the month after the donation
- IBE allows families to request funds be transferred to siblings
- IBE takes excellent care of our donors



## MAKE A LIST OF ARIZONA TAXPAYERS YOU KNOW

- Christmas/Holiday Card List
- Family and Friends
- Neighbors
- Coworkers
- Church Friends
- Professionals i.e. Doctors and Dentists
- Friends with Small Business (Pays taxes quarterly)
- CPAs and Tax Preparers

# Solicitation Ideas:

**Let That List  
Know About Tax  
Credits Via**

- Postal Mail Donation Brochure/Envelope with printed Action Page
- Action Page w/Donor Link
- Share our Facebook posts and personalize them
- Invite friends over for a quick dinner and let them know about this program
- Find educated donors
- Set up meeting for your older child to discuss tax credits
- Talk in person to anyone you do work with, i.e. dry cleaners, carpet cleaners, plumbers

# TIPS AND TRICKS

## Postal Mail & Action Page

- Personalize your child's story
- Personalize letter/Action Page to audience:
  - Church / Sports / Hobby
- Reach out multiple times per year
  - October – introduce the program
  - December – Christmas / holiday letter
  - February/March – reminder / thank you
  - End of school year letter

## Postal Mail

- Include a stamp on donation envelope
- Add wallet sized school pictures



# PUSH-BACKS

- Too good to be true
- Will get audited
- You chose private school, you can pay for it
- You are hurting public schools





# Tax Credits Save The State of Arizona Money!



## How the Arizona School Tuition Organization Tax Credits Save the State Money

By Deborah Sheasby

### **Executive Summary**

Arizona has four programs that allow taxpayers to claim credits for donations to school tuition organizations that provide scholarships for students to attend private schools. The state realizes a savings for each student that attends private school in lieu of public school. Because the tax credit scholarship programs allow tens of thousands of students to attend private schools, the state saves at least \$34.6 million, and potentially upwards of \$285 million per year, compared to the cost of educating those students in public school.

### **Overview of Arizona's Tax Credit Programs**

#### *History*

In 1997, Arizona passed its first tax credit for individual donations to private school tuition organizations.<sup>1</sup> A school tuition organization (STO) is a 501(c)(3) nonprofit organization that awards at least 90% of donations received as scholarships to students attending private schools. The program allows taxpayers to make a donation to an STO and claim a tax credit of \$569 for an individual or \$1,138 for a married couple for the current tax year (2019). The credit went into effect in FY1999 and has grown to around \$70 million in donations and \$64 million in scholarships in FY2018.<sup>2</sup> This credit is generally referred to as the "original" individual tax credit.

In 2005, a second program was created that allowed corporations to contribute funding for STO scholarships.<sup>3</sup> The recipients of scholarships under the corporate program must meet income limitations and must be switching from public to private school, attending kindergarten (or a preschool for students with disabilities), or be the dependent of an Arizona active-duty member of the military. Students who have received scholarships through the low-income corporate program (or the overflow program) may continue to receive scholarships in subsequent years if they remain enrolled in private school. The total scholarship amount that can be awarded per

<sup>1</sup> The law governing the original individual tax credit can be found at Ariz. Rev. Stat. § 43-1089. Regulations concerning school tuition organizations that participate in the individual tax credit programs are found in Ariz. Rev. Stat. §§ 43-1601 through 43-1605.

<sup>2</sup> Data on the donations and scholarships used throughout this paper are taken from the annual reports on the STO tax credit programs and other public records from the Department of Revenue. The reports can be found on the Department's website at <https://azdor.gov/reports-statistics-and-legal-research/report-school-tuition-organization-income-tax-credits>.

<sup>3</sup> Ariz. Rev. Stat. § 43-1185. Regulations concerning school tuition organizations that participate in the corporate tax credit programs are found in Ariz. Rev. Stat. §§ 43-1501 through 43-1507.





## HOW IBE CAN SUPPORT YOU

- Donation Brochures/Envelopes
- Action Page/Donor Link (Applicant Portal)
- Printable Action Page
- Facebook Ads to Share and Personalize
- Zoom and In-person Workshops
- Thank You Cards
- IBE Makes Donations Simple



# THANK YOU CARDS



- Send reminder postcards thanking donors for considering making their tax credit donation
- Ask donor to let you know if they donate so your child can thank them personally
- Send stamped thank you cards to IBE and we will address and get them to your donors



# SOLICITATION SYSTEM

- Be organized
- Have realistic expectations – it's a numbers game
- This is a part-time job that pays well
- Spreadsheet of potential donors
  - Names
  - Donations made (with donor input)
  - Follow-up contact
  - Thank you sent
- Keep note of what works
- Understand that the first year is the most difficult
- Stay focused on your goal – funding the best education for your child!

The background of the slide is a photograph of a young girl with dark, curly hair styled in two puffs. She is sitting on the floor, smiling broadly, and clapping her hands. She is wearing a light-colored long-sleeved shirt and dark pants. The image is overlaid with a semi-transparent blue filter. Other children are partially visible in the background, also appearing to be part of the same group.

# IBE SCHOLARSHIP **AWARDING CRITERIA**





# IBE Scholarship Awarding Criteria

(in order of importance)

## Financial Aid Scholarship:

Financial Circumstances

Tuition

Number of children in private school

Special Circumstances

## Recommended Fund Scholarship:

Donor Recommendation

Tuition

Number of children in private school

Financial Circumstances

Special Circumstances



# IBE SCHOLARSHIP AWARDING SCHEDULE

- IBE has no Financial Aid Deadlines
- Most Financial Aid Scholarships are awarded in August
- School with IBE funds can award monthly
- Recommended Fund Scholarships are paid out monthly, typically the month following the donation

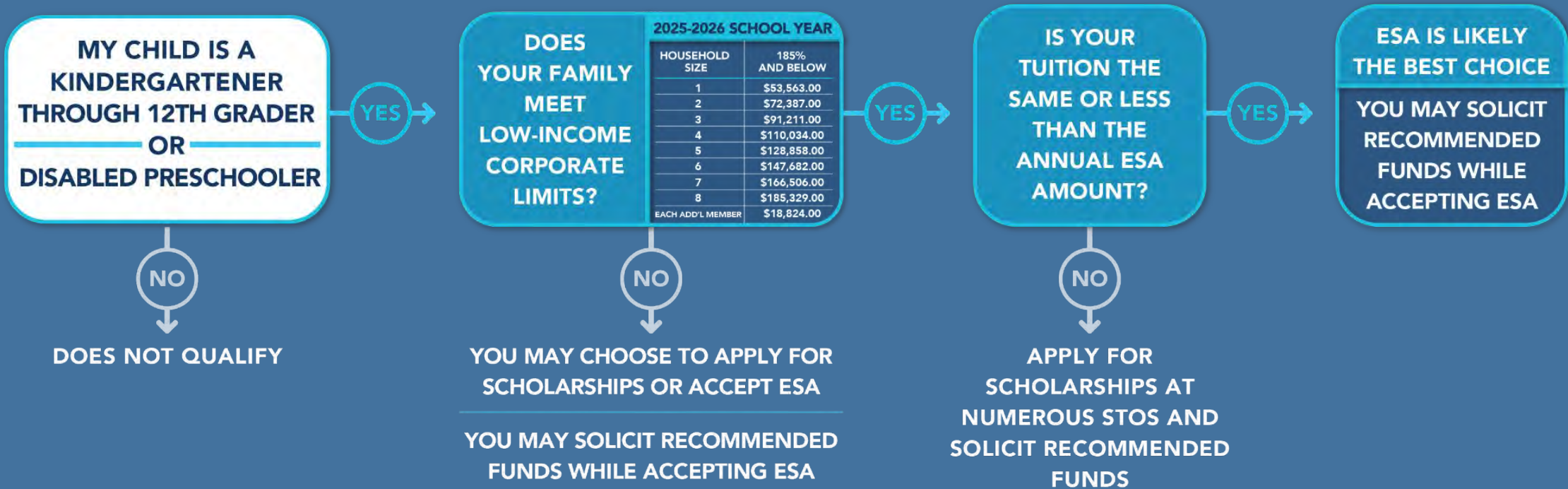


# UNIVERSAL ESA



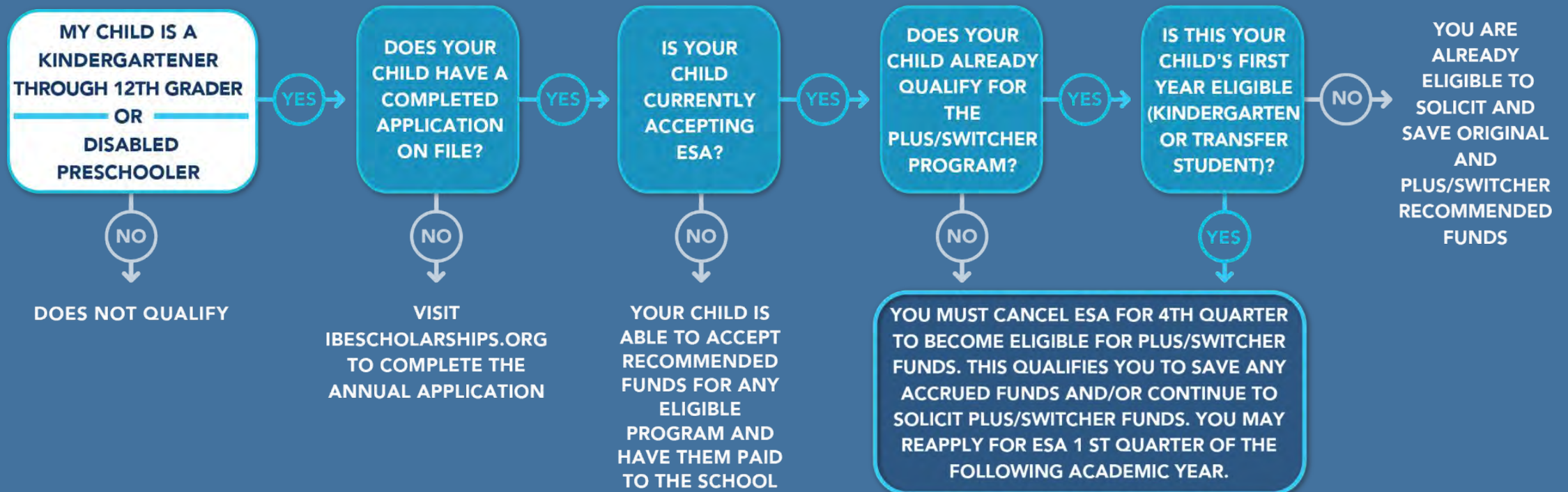


# Accepting ESA vs. STO





# Saving Recommended Funds While On ESA





# Multi-Year Recommended Fund Scholarships

	ESA	Tuition	STO FUNDS	Recommended Funds
Year 1	Tuition PAID BY ESA →	\$	\$	← \$
Year 2	Tuition PAID BY ESA →	\$	\$\$	← \$
Year 3	Tuition PAID BY ESA →	\$	\$\$\$	← \$
Year 4	Switched TO STO FUNDS	\$\$	← $\begin{array}{r} \$$$$ - \$\$ \\ \hline \$\$ \end{array}$	← \$





# azed.gov/esa/esa-guidance

## ESA ANSWERS

### ESA Guidance

#### ESA Guidance

Do you have questions about the Empowerment Scholarship Account Program? **We are here to help!**

In addition to FAQ below, there is a lot of helpful information in the [ESA Parent Handbook](#).

▶ **About the Empowerment Scholarship Account Program**

▶ **Applying for ESA**

▶ **Getting Started on the ESA Program**

▶ **ESA Funding**

▶ **Curricula and Supplementary Material**

▶ **Evaluations**

▶ **Log-in Questions / Issues**

▶ **Reporting Expenses**

▶ **ESA Allowable and Disallowable Expenses**

▶ **Closing an ESA, Termination and post-High School**

▶ **Vendors**



# WHAT SETS IBE APART?

- Admin Fee for Individual Donations 8% vs 10%
- Awards 92% always
- Send Recommended Funds every month except for June, typically the month following the donation
- Does not consider Recommended Funds while awarding Financial Aid
- Recommended Fund awards roll-over each year for continuing students, including ESA recipients
- Allows families to request Recommended Funds transferred to sibling





## WHAT SETS IBE APART?

- All families to solicit donations one academic year prior to attending private school. ESA families can solicit indefinitely
- IBE has awarded Nominal Awards to maintain PLUS/Corporate eligibility since 2012
- Applicant Portal shows awards, including Recommended Scholarships
- Provided close to \$625,000 in emergency funding the end of the 2024-2025 academic year



The background of the slide is a photograph of a young girl with dark hair in pigtails, wearing a blue and white striped shirt. She is sitting at a desk and writing on a piece of paper with a blue pen. The image is overlaid with a semi-transparent blue filter. In the foreground, several colorful pens (red, yellow, green, blue) are visible, slightly out of focus.

# WHAT IS YOUR **PLAN OF ACTION**

# Plan of Action!



- Register as an Applicant & Donor
- Apply for the 2025-2026 academic year now.
- If you have financial need, apply to every STO your school works with
- Set up a Solicitation System, even if you are on ESA
- Inform potential donors of their choices with their State Tax Dollars – they can choose to recommend your child
- Follow-up with potential donors
- Get thank you cards to IBE for mailing



# IBE Foundation



- The IBE Foundation is a **Qualified Charitable Organization (QCO)** that enhances education opportunities for low-income K-12 students across Arizona in Public, Charter, and Private Schools.

WHO CAN QUALIFY BASED ON HOUSEHOLD GROSS INCOME							
2025-2026 ACADEMIC YEAR							
HOUSEHOLD SIZE	2	3	4	5	6	7	8
PRIORITY FUNDING*	\$31,725	\$39,975	\$48,225	56,475	\$64,725	\$72,975	\$81,225
POTENTIAL FUNDING*	\$72,387	\$91,211	\$110,034	\$128,858	\$147,682	\$166,506	\$185,329

\*annual household gross income may not exceed this amount

- **School Recommendations ALLOWED!**





# IBE Foundation - Funding Opportunities for:

## Programs to Elevate

Many low-income students face challenges that impact their confidence and ability to learn. The IBE Foundation provides:



Eyeglasses, dental work, and hearing aids for students in need



Proper shoes & clothing for school activities



Support for student meals

**Additional Funding for  
Active & Veteran Military Families**

## Programs to Engage

IBE Foundation funds activities such as:



Sporting Fees



Fine Arts Programs



Elective Classes



Camp Experiences



## IN CLOSING

- How your child is educated is 100% up to you
- Tax Credits allow you to Put Your Child First
- Apply Apply Apply
- Thinking outside the “box” is recommended
- Partnering with IBE will give you and your child the best chance for educational success



