ARIZONA DEPARTMENT OF REVENUE

Application for Approval of the

Corporate Income Tax Credit for Donations to School Tuition Organizations (A.R.S. § 43-1183 or A.R.S. § 20-224.06) or

Corporate Income Tax Credit for Disabled / Displaced Students (A.R.S. § 43-1184 or A.R.S. § 20-224.07)

- Program Guidelines available at www.azdor.gov
- Send the completed form via email to: DOROERA@azdor.gov
- Questions regarding the program can be directed to: Karen Jacobs......(602) 716-6923

Attention:

Failure to complete the 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.

\square This donation is for the corporate tuition organization	on credits (A.R.S. §	43-1183 (or A.R.S. § 20-224.06).
☐ This donation is for the corporate disabled/displace	ed students credit (A	.R.S. § 4	3-1184 or A.R.S. § 20-224.07).
STO requesting pre-approval:			
STO street address:			
City:		State:	ZIP Code:
STO contact person:		Phone I	Number (with area code)
E-mail address:			
Corporation requesting to donate:			
Corporate street address:			
City:		State:	ZIP Code:
Corporate EIN:	Check box if this donation is from an S corporation pursuant to A.R.S. § 43-1089.04.		
Name and EIN of parent S corporation if contributing c	ompany is a qualifie	d subcha	apter S subsidiary:
Check box if this corporation will be claiming the credit against insurance premium tax liability.	NAIC Number (for insurance premium tax only):		
Amount the corporation is requesting to donate: \$			

Approval or denial of this application will be emailed to the STO.