

Corporate Tax Credit Commitment Form for the Period: Tax Year 2020

To be completed by the Corporation and returned to Catholic Education Arizona for submission to the State of Arizona.

Please select which tax credit you are applying for:

335 - Low Income Tax Credit
A.R.S. § 43-1183

341 - Disabled Displaced Tax Credit
A.R.S. § 43-1184

_____,
Name of Corporation

a C-Corporation S-Corporation or an Insurance Company: NAIC # _____,

has agreed to contribute to Catholic Education Arizona \$_____.

The Contributor understands that CEA will submit an application to the Arizona Department of Revenue (ADOR) with the corporation contribution amount. The Contributor understands that when ADOR approves the proposed Contribution, the Contributor is required to deliver its Contribution to CEA within twenty (20) days after receiving notice from CEA that the proposed Contribution has been approved. The approval amount may be less than originally committed if the state Corporate Tax Credit limit is reached.

Postal Address

City

State

Zip Code

(_____) _____
Phone Number

_____-_____
EIN

If S-Corp, please advise name of S-Corp Parent Company.

Signature Required: _____

Printed Name

Date

Title

Email



General Scholarship Fund or School Recommendation

Please check (X) one Contribution option below (please provide attachment if needed) :

Option #1: "General Scholarship Fund" Only

The Contributor hereby directs that its Contribution be deposited in full to CEA's undesignated "General Scholarship Fund" to be used for tuition assistance for CTC-qualified students at any Diocese of Phoenix Catholic school.

Option #2: Combination of the "General Scholarship Fund" and Designated School(s)

The Contributor hereby directs a portion of its Contribution be deposited in the CEA's undesignated "General Scholarship Fund" for tuition assistance for CTC-qualified students at Diocese of Phoenix Catholic school, and that the balance of such Contribution be used to provide tuition assistance to students attending the following school(s)

\$ _____ General Scholarship Fund

\$ _____ School _____

Option #3: Designated School(s) Only

The Contributor hereby directs that its Contribution be used to provide tuition assistance to CTC-qualified students **specifically** attending the following school(s)

\$ _____ School _____

\$ _____ School _____

\$ _____ School _____

\$ _____ School _____

\$ _____ School _____

CEA CTC SCHOOL-DESIGNATION AWARD POLICY:

The Contributor understands and agrees that any designated funds received in excess of amount required to fulfill funding of "year 1" CTC-qualified students will be pro-rated and held in reserve for students at named school(s) that remain qualified in subsequent years, for a period of up to 3 additional years or until funds are exhausted, whichever shall come first.

If, at any time, a designated school does not have one or more students who are eligible to receive tuition assistance under the requirements of A.R.S. §§ 43-1183 & 43-1184 so as to allow for the full use of the Contribution, the Contribution, or the unused portion thereof, will be re-directed first to provide tuition assistance to students at any other school(s) designated on this form. If no other school is designated or eligible students are not available at any of the other designated schools, the Contribution, or unused portion thereof, will be deposited into CEA's "General Scholarship Fund" and used for tuition assistance for CTC-qualified students at any Diocese of Phoenix Catholic school.

Release of Information

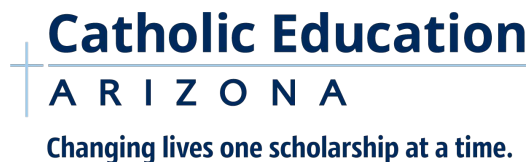
To the extent that your contribution information is not public record, please indicate if you would permit us to share with our beneficiaries and constituents your contribution information.

YES you may release information (identity and amount)

YES you may release information (identity only)

We prefer that our participation is kept confidential (no identity/no amount)

On behalf of each Catholic school and the students your tax credit dollars support, thank you!



5353 N 16th St. Ste 330
Phoenix, Arizona 85016

Phone: 602-218-6542 Fax: 602-218-6623
EIN: 86-0937587

Email:
corporate@ceaz.org