

Institute for Better Education
Arizona State Withholding Reduction Donations - Application Form

If you would like the Institute for Better Education to provide Arizona State Withholding Reduction information to your employer, please fill out this form and send it to IBE as soon as possible. We will notify you upon receipt of this completed form.

Once received, IBE will send a packet of information to your employer which includes:

- Informational letter
- Arizona Form A1-C (employer sends this to the Department of Revenue)
- Employer Notification of Participation Form (employer sends this to IBE)

To Be Completed By The Employee

Your last name: _____ First name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _(____) _____ Cell_(____) _____

Email: _____

State Tax Donation Information:

Tax year of Withholding Donations: _____ Intended Total Donation: _____

Recommended Student Name(s) (Optional): _____

Institute for Better Education's Financial Need-Based fund (optional): yes__ (initial please): ____

School Name (optional): _____

Employer Information:

Employing Company Name: _____

Primary contact name / title: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Phone (____) _____

Thank you for your support of IBE and the Arizona State Private School Tax Credit Program.