Legend Springs School

21150 N. Arrowhead Loop Road

Glendale, AZ 85308

623-376-4500 office

623-376-4580 fax

Taxpayer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Taxpayer’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Taxpayer’s Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Taxpayer’s Social Security Number (last four digits): XXX-XX- \_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Extra-Curricular Activity | Date Paid | Check No. | Amount Paid |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
| TOTAL AMOUNT PAID . . . . . . . . . . . . . . . . | $ |

**ALL TAX CREDIT RECEIPTS WILL BE**

**MAILED AFTER DECEMBER 31st.**

**Tax Credit Amounts:**

* $400.00 for a husband or wife who are married and filing jointly
* $200.00 for a single individual or head of household
* $100.00 for a husband or wife who file separate returns

Please return to Legend Springs School