

Please Return to:

P.O. Box 26359 Phoenix, AZ 85068

2024 AZ Corporate Income or Premium Tax Credit Commitment

A.R.S. § 43-1183 or A.R.S. § 20-224.06 or A.R.S. § 43-1184 or A.R.S. § 20-224.07

Name:	
Contact Name:	Title:
Phone:	Email:
Street Address:	
City / State / Zip:	
FEIN:	S Corp (A.R.S. § 43-1089.04)
Name & EIN of parent S Corp (if applicable):	
Check box if this corporation will be claiming the credit against insurance premium tax liability.	
NAIC (if applicable):	
Donation Amount (\$):	
: Please apply our donation towards Disabled and Displaced students in need : Please apply our donation towards Low Income students in need : Please apply our donation where it is most needed	
. Flease apply our dollation where it is flic	ust needed
Signature:	Date:
Print Name:	Title:

Your request will be directly submitted to the Arizona Department of Revenue for approval and Academic Opportunity of Arizona will receive notification within 20 days. Once approved, donation funds must be received by Academic Opportunity of Arizona via wire or check within 20 days. Don't worry; we'll let you know once your donation is approved and provide all necessary information moving forward. Thank you for choosing to partner with Academic Opportunity of Arizona!

