



## Withholding Reduction Signup Form (2014)

### Instructions

➤ Fill out this form completely and:

**Mail:** TOPS for Kids **or Fax:** 1-888-256-1130 **or Email:** [services@topsforkids.com](mailto:services@topsforkids.com)  
PO Box 41930  
Mesa, AZ 85234

➤ You will receive a confirmation of this signup and an Authorization Form to give to your employer.

### Employee information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email address: \_\_\_\_\_

### Employer information

Employer Name/Title: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title \_\_\_\_\_

### Donation information

Tax year of the withholding: \_\_\_\_\_ Donation total for year: \_\_\_\_\_

Filing status: (Please check one)  Single  Head of Household  Qualifying Widower  
 Married Filing Jointly  Married filing Separately

Recommended student(s) \*Optional: \_\_\_\_\_

Recommended school(s) \*Optional: \_\_\_\_\_

*\*All decisions on scholarship awards are the sole responsibility of the organization and are at its complete discretion. Any admission decisions are the exclusive responsibility of the school.*

**Confirmation form contact:** (Please check one)-How would you like to be contact on approval?

Mail  Email  Fax **Please provide:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

~Notice~

A School Tuition Organization cannot award, restrict or reserve scholarships solely on the basis of a donor's recommendation. A taxpayer may not claim a tax credit if the taxpayer agrees to swap donations with another taxpayer to benefit either taxpayer's own dependent.