

SAGE ACADEMY CHARTER SCHOOL

A School of Choice

Our kids need your financial support!

November 17, 2010

Dear Friend,

Enclosed is a copy our *2009 Sage Academy Yearbook* and I apologize for the condition that it is in. Our offices were flooded during a rain storm and as you can see, some moisture got to it; however, the pictures of our kids still paint a thousand words.

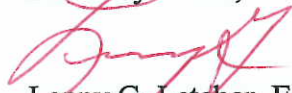
As you already know, charter schools have taken a financial beating this school year. Numerous charters were unable to keep their doors open after the Arizona State Legislature postponed the first equalization which had been budgeted for July 1, 2010. Furthermore, the legislature reduced the funding for charter schools during this school year. In addition, as a charter school, we only receive about eighty percent of what a district school receives per student.

I would like to ask you to consider financially supporting our kids by taking advantage of the Arizona Tax Credit program. It is simple to do. If you are single, the maximum amount you can donate in 2010 is \$200 and married couples can donate up to \$400. If you want to give something less then the maximum, please do, we need your help and we need it now! The donation becomes a tax credit on your Arizona State Tax return reducing your tax liability dollar for dollar. You can further benefit by deducting the donation on your Federal Return (See examples enclosed).

You can make a single contribution or if you like you can have your contribution spread out over the course of the year. Make your contribution by check, credit/debit card, or we can ACH it directly out of your account, whatever is most convenient for you. If you have any questions, please call our office, we are here to answer your questions.

Please complete the enclosed form and mail back with your check or information, or if you are using your debit card (and/or ACH) just fax it back to 623-485-7874. Please be sure to sign it.

Sincerely Yours,



Lenny G. Letcher, EA, RFC
Board Chairman

5334 East Thunderbird Road, Scottsdale, Arizona 85254
P. O. Box 1400, Surprise, Arizona 85378-1400
Phone 602-485-3402 Fax 602-485-7874
www.sage-academy.org

ARIZONA FORM

Resident Personal Income Tax Return

FOR CALENDAR YEAR

140

OR FISCAL YEAR BEGINNING

AND ENDING

66

2009

82F

Check box 82F if filing under extension

89

X

ONE STA- PLE ONLY IN UP- PER LEFT COR- NER.

NO. TAPE.

Your First Name and Initial 1 WILLIAM		Last Name TEST		You must enter your SSN(s) →	Your Social Security No. 011-01-0001	
Spouse's First Name and Initial (if box 4 or 6 checked) 1 JULIANNA M		Last Name TEST			Spouse's Social Security No. 011-01-0002	
Present Home Address - number and street, rural route 2 111 W LOLLIPOP LANE			Apt. No.	Daytime Phone (with area code)		Home Phone (with area code) 94
City, Town or Post Office Avondale		State AZ	Zip Code 85323			

4 Married filing joint return. Enter name of qualifying child or dependent.

Head of household.

6 Married filing separate return. Enter spouse's name and Social Security No. above.

7 Single.

8 Age 65 or over (you and/or spouse)

9 Blind (you and/or spouse)

10 Dependents. From page 2, line A2 - do not include self or spouse.

11 Qualifying parents and ancestors of your parents. From page 2, line A5.

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

This box may be blank or may contain a printed barcode of data from your return.

EXAMPLE

12	Federal adjusted gross income	12	58,954	00
13	Additions to income (from page 2, line B13)	13		00
14	Add line 12 and line 13	14	58,954	00
15	Subtractions (from page 2, line C27a) ▶ 151	15		00
16	Arizona AGI: Line 14 minus line 15	16	58,954	00
17	17 <input checked="" type="checkbox"/> ITEMIZED 18 <input type="checkbox"/> STANDARD	17	13,667	00
18	Personal exemptions	18	4,200	00
19	AZ taxable inc.: Line 16 minus lines 17 & 18	19	41,087	00
20	Compute tax: Use line 19 and proper tax table	20	1,125	00
21	Tax from recapture of credits	21		00
22	Subtotal of tax: Add lines 20 and 21	22	1,125	00
23-24	23 <input checked="" type="checkbox"/> YOURSELF 24 <input checked="" type="checkbox"/> SPOUSE	24	10	00
25	Reduced tax: Subtract line 24 from line 22	25	1,115	00
26	Family income tax credit from p. 15 of instr	26		00

Attach W-2 as last page of the return.

Attach your federal Schedule A and Arizona Schedule A if required.

27	Credits from Arizona Form 301, line 59, or Forms 310, 321, 322, and 323 if Form 301 is not required	27		00
28	Credit type: Enter form number of each credit claimed: 28 3	28		00
29	Clean Elections Fund Tax Credit. From worksheet on page 17 of the instructions	29		00
30	Balance of tax: Subtract lines 26, 27 and 29 from line 25. If the sum of lines 26, 27 and 29 is more than line 25, enter zero	30	1,115	00
31	Arizona income tax withheld during 2009	31	1,167	00
32	Arizona estimated tax payments for 2009	32		00
33	2009 Arizona extension payment (Form 204)	33		00
34	Increased Excise Tax Credit from worksheet on page 18 of the instructions	34		00
35	Property Tax Credit from Form 140PTC	35		00
36	Total payments/refundable credits: Add lines 31 through 35	36	1,167	00
37	TAX DUE: If line 30 is larger than line 36, subtract line 36 from line 30 and enter amount of tax due. Skip lines 38, 39 and 40	37		00
38	OVERPAYMENT: If line 36 is larger than line 30, subtract line 30 from line 36 and enter amount of overpayment	38	52	00
39	Amount of line 38 to be applied to 2010 estimated tax	39		00
40	Balance of overpayment: Subtract line 39 from line 38	40	52	00

41-50	Voluntary Gifts to:			
	Aid to Education (entire refund only)	41	00	00
	Arizona Wildlife	42		00
	Citizens Clean Elections	43		00
	Child Abuse Prevention	44		00
	Domestic Violence Shelter	45	00	00
	National Guard Relief Fund	46		00
	Neighbors Helping Neighbors	47	00	00
	Special Olympics	48		00
	Veterans' Donations Fund	49	00	00
	Political Gift	50		00

51 Check only one if making a political gift: 511 Democratic 512 Green 513 Libertarian 514 Republican

52 Estimated payment penalty (MSA withdrawal penalty)

53 Check applicable boxes: 531 Married/Other 532 Farmer or Fisherman 533 Form 221 attached 534 MSA Penalty

54 Total of lines 41 through 50

55 REFUND: Subtract line 54 from line 40. If less than zero, enter amount owed on line 56

Direct Deposit of Refund: Check box 55A if your deposit will be ultimately placed in a foreign account; see instructions. 55 A

56 AMOUNT OWED: Add lines 37 and 54. Make check payable to Arizona Department of Revenue; include SSN on payment.

Payment enclosed. Check the box, and enclose but do not attach payment. PLEASE DO NOT SEND CASH.

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Resident Personal Income Tax Return

FOR CALENDAR YEAR

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AND ENDING

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2009

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Check box 82F if filing under extension

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NO. TAPE.

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Spouse's First Name and Initial (if box 4 or 6 checked) 1 JULIANNA M		Last Name TEST		Spouse's Social Security No. 011-01-0002
Present Home Address - number and street, rural route 2 111 W LOLLIPOP LANE		Apt. No.	Daytime Phone (with area code)	Home Phone (with area code) 94
City, Town or Post Office 3 AVONDALE		State AZ	Zip Code 85323	

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88	
81	80

EXAMPLE ONLY



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38	OVERPAYMENT: If line 36 is larger than line 30, subtract line 30 from line 36 and enter amount of overpayment	38	452	00
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Attach W-2 as last page of the return.

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WITH CREDIT

41-50 Voluntary Gifts to:	Aid to Education (entire refund only)	41	00	Arizona Wildlife	42	00			
	Citizens Clean Elections		00	Child Use-Prev	44	00			
	Domestic Violence Shelter		00	National Guard F	46	00			
	Neighbors Helping Neighbors		00	Special O	48	00			
	Veterans' Donations Fund	49	00	Political Gift	50	00			
51	Check only one if making a political gift:	51 3	<input type="checkbox"/> Libertarian	51 4	<input type="checkbox"/> Republican				
52	Estimated payment penalty and MSA with					00			
53	Check applicable boxes:	53 1	<input type="checkbox"/> Annualized/Other	53 2	<input type="checkbox"/> Farmer or Fisherman	53 3	<input type="checkbox"/> Form 221 attached	53 4	<input type="checkbox"/> MSA Penalty
54	Total of lines 41 through 52	54				00			
55	REFUND: Subtract line 54 from line 40. If less than zero, enter amount owed on line 56	55	452			00			
	Direct Deposit of Refund: Check box 55A if your deposit will be ultimately placed in a foreign account; see instructions.	55 A	<input type="checkbox"/>						
	ACCOUNT NUMBER			C	<input type="checkbox"/> Checking or				
				S	<input type="checkbox"/> Savings				
56	AMOUNT OWED: Add lines 37 and 54. Make check payable to Arizona Department of Revenue; include SSN on payment.	56				00			
	<input type="checkbox"/> Payment enclosed. Check the box, and enclose but do not attach payment. PLEASE DO NOT SEND CASH.								

SAGE ACADEMY INC

CITD: 07-86-88-101 EIN: 73-1716561

AZ-322 Credit for Fees Paid to Charter School

DATE: _____ CASH ACH DEBIT/CREDIT CHK NO: _____

TAXPAYER NAME, SSN, AND ADDRESS:

NAME: _____ SSN: _____

ADDRESS: _____ CITY _____ ST: _____ ZIP _____

FOR USE IN SUPPORT OF THE FOLLOWING:

\$ _____ GENERAL PURPOSES

\$ _____ CHARACTER DEVELOPMENT

\$ _____ FINE ART – ART - MUSIC

\$ _____ SPORTS AND PHYSICAL EDUCATION

The above payment is eligible for the Arizona State Income tax credit as allowed by ARS §43-1089.01.

DEBIT/CREDIT CARD INFO: VISA MASTERCARD _____:

Name on Card: _____

Billing Address: _____

CARD NO: _____ Expiration date: _____ CVC _____

I hereby authorize Sage Academy Inc or their Agent to charge my debit/credit card account listed above one-time for the amount stated above. Preferred date to be paid: _____ OR

I hereby authorize Sage Academy Inc or their Agent to charge my debit/credit card account listed above monthly in the amount of \$ _____ (EX: \$200 / 12 = \$16.66). Payment shall be processed on the second Wednesday of each month and shall begin the month of: _____.

ACH INFO: This authorizes us to collect these funds directly from your bank checking or saving account.

ACCOUNT NAME: _____ ACCOUNT NUMBER: _____

BANK NAME: _____ ROUTING NUMBER: _____

I hereby authorize Sage Academy Inc or their Agent to charge my debit/credit card account listed above one-time for the amount stated above. Preferred date to be paid: _____ OR

I hereby authorize Sage Academy Inc or their Agent to charge my checking account listed above monthly in the amount of \$ _____ (EX: \$200 / 12 = \$16.66). Payment shall be processed on the second Wednesday of each month and shall begin the month of: _____.

Account Holder Signature _____ Date: _____

Please consult with your tax professional to determine the application of this credit.

5334 E. THUNDERBIRD ROAD, SCOTTSDALE, AZ 85254