

SUPPLEMENTAL ORGANIZER (USE THIS ONLY IF NOT ENTERED ON OTHER PARTS OF THE ORGANIZER)

ARIZONA EDUCATION CREDIT:

FEES PAID TO PUBLIC SCHOOL EXTRA CURRICULAR ACTIVITIES (\$400 MAXIMUM) YEAR PAID AMOUNT
 NAME, ADDRESS & SCHOOL DISTRICT _____
 NAME, ADDRESS & SCHOOL DISTRICT _____
 NAME, ADDRESS & SCHOOL DISTRICT _____

CONTRIBUTIONS TO PRIVATE SCHOOL TUITION ORGANIZATION (\$2177 MAXIMUM) YEAR PAID
 NAME AND ADDRESS _____
 NAME AND ADDRESS _____
 NAME AND ADDRESS _____

CONTRIBUTIONS TO QUALIFYING CHARITABLE ORGANIZATIONS (\$800 MAXIMUM)
 NAME AND ADDRESS _____ YEAR PAID
 NAME AND ADDRESS _____
 NAME AND ADDRESS _____

CONTRIBUTIONS TO FOSTER CARE CREDIT (\$1000 MAXIMUM)
 NAME AND ADDRESS _____ YEAR PAID
 NAME AND ADDRESS _____
 NAME AND ADDRESS _____

AMOUNTS PAID FOR COLLEGE TUITION:

NAME OF STUDENT	TUITION AS SHOWN ON 1098-T	BOOKS, SUPPLIES, COMPUTER, ETC.	FULL TIME STUDENT	FRESHMAN, SOPHOMORE JUNIOR, SENIOR, GRADUATE
			(MORE THAN 1/2 TIME)	

*DO NOT INCLUDE ROOM, BOARD OR MEALS. CLASSES MUST BE FOR A DEGREE OR TO IMPROVE JOB SKILLS

ADJUSTMENTS TO INCOME:

INTEREST FORFEITED ON CLOSING A TIME DEPOSIT TAXPAYER SPOUSE
 529 EDUCATION PLAN CONTRIBUTIONS (ARIZONA DEDUCTION ONLY) _____

MANDATORY HEALTH CARE:

DID YOUR FAMILY HAVE HEALTHCARE INSURANCE THROUGH: ___ EMPLOYER___ MARKETPLACE___ NO INSURANCE
 NUMBER OF MONTHS ANY MEMBER OF YOUR FAMILY DID NOT HAVE HEALTH CARE INSURANCE IN 2017 _____
 DID YOU HAVE AN EXEMPTION FROM THE MARKETPLACE? (WAS YOUR INSURANCE SUBSIDIZED) ___ YES ___ N
 PLEASE HAVE FORM 1095 IF PROVIDED BY YOUR INSURANCE COMPANY

OTHER INCOME: IF NOT INCLUDED ON OTHER ORGANIZER

STATE TAX REFUND _____ PAID _____

DIRECT DEPOSIT OR DIRECT WITHDRAWAL:

DATE TO WITHDRAW _____
 I WOULD LIKE TO: HAVE REFUND DIRECTLY DEPOSITED _____ TAX DUE DIRECTLY WITHDRAWN _____
 FILL IN THE FOLLOWING INFORMATION: (WRITE "SAME" IF IT IS THE SAME AS LAST YEAR)
 NAME OF FINANCIAL INSTITUTION: _____
 ROUTING TRANSIT NUMBER (THE FIRST 9 NUMBERS ON YOUR CHECK): _____
 ACCOUNT NUMBER (THE LAST SET OF NUMBERS ON YOUR CHECK): _____
 TYPE OF ACCOUNT (UNDERLINE): CHECKING SAVINGS SELF SPOUSE SELF & SPOUSE