

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 (\$2213 MAXIMUM)	YEAR PAID	
NAME AND ADDRESS _____	_____	_____
NAME AND ADDRESS _____	_____	_____
NAME AND ADDRESS _____	_____	_____

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

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

AMOUNTS PAID FOR COLLEGE TUITION:

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

*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 2018
 DID YOU HAVE AN EXEMPTION FROM THE MARKETPLACE? (WAS YOUR INSURANCE SUBSIDIZED) YES NO
 PLEASE HAVE FORM 1095 IF PROVIDED BY YOUR INSURANCE COMPANY

OTHER INCOME: IF NOT INCLUDED ON OTHER ORGANIZER

STATE TAX REFUND _____ PAID _____

ENERGY CREDITS: CAN ONLY TAKE MAXIMUM \$500 FOR CURRENT YEAR PLUS ALL PREVIOUS YEARS

AMOUNT OF CREDIT TAKEN IN PRIOR YEARS	_____	AMOUNT
EXTERIOR DOORS	_____	_____
COST OF ENERGY EFFICIENT EXTERIOR WINDOWS OR SKYLIGHTS	_____	_____
COST OF ENERGY SAVING INSULATION OR SYSTEM TO SAVE ENERGY	_____	_____
COST OF PHOTOVOLTAIC OR HOT WATER SOLAR SYSTEM	_____	_____
COST OF HEAT PUMP, A/C OR METAL ROOF THAT MEET IRS QUALIFICATIONS	_____	_____

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 I WOULD LIKE TO: HAVE REFUND DIRECTLY DEPOSITED TAX DUE DIRECTLY WITHDRAWN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