

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 (\$2269 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:			FULL TIME	FRESHMAN, SOPHMORE
NAME OF STUDENT	TUITION AS SHOWN ON 1098-T	BOOKS, SUPPLIES	STUDENT	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:	TAXPAYER	SPOUSE
INTEREST FORFEITED ON CLOSING A TIME DEPOSIT	_____	_____
529 EDUCATION PLAN CONTRIBUTIONS (ARIZONA DEDUCTION ONLY)	_____	_____

HEALTH CARE. THERE IS NO LONGER A MANDATORY REQUIREMENT TO HAVE HEALTH INSURANCE:
 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 2019
 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