

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 (\$2365 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 1098-1 | 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:

| | 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 2020
 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