

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

THIRD STIMULUS PAYMENT: HOW MUCH DID YOU RECEIVE? _____ HOW MUCH FOR YOUR DEPENDENTS? _____

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 (\$2435 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:

	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 2021 _____

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