

**UNREIMBURSED MEDICAL EXPENSES:** You do not have to list them out below, except health insurance, You can put in a total

**NO LIMIT ON MEDICAL IN ARIZONA!!!**

|                                    |       |                                |          |
|------------------------------------|-------|--------------------------------|----------|
| PRE TAX HEALTH INSURANCE PREMIUMS* | _____ | DR. _____                      | _____    |
| HEALTH INSURANCE PREMIUMS          | _____ | DR. _____                      | _____    |
| MEDICARE PREMIUMS (OVER 65)        | _____ | DR. _____                      | _____    |
| LONG TERM CARE PREMIUMS            | _____ | EYEGASSES & SOLUTION           | _____    |
| MEDICINES AND DRUGS                | _____ | X-RAYS, LAB TESTS, etc         | _____    |
| HOSPITALS                          | _____ | OTHER _____                    | _____    |
| MD, DDS, DO, OD, etc:              | _____ | OTHER _____                    | _____    |
| DR. _____                          | _____ | MILES DRIVEN FOR MEDICAL _____ | MI _____ |

\* PRE-TAX HEALTH INSURANCE CANNOT BE DEDUCTED (ASK YOUR EMPLOYER IF YOURS IS PRETAX)

NOTE: EXPENSES TO STOP SMOKING ARE NOW DEDUCTIBLE

NOTE: NON-ESSENTIAL COSMETIC SURGERY IS NOT DEDUCTIBLE.

**TAXES PAID:**

|                                |       |                   |       |
|--------------------------------|-------|-------------------|-------|
| PERSONAL RESIDENCE             | _____ | AUTO REGISTRATION | _____ |
| VACATION RESIDENCE *           | _____ | AUTO REGISTRATION | _____ |
| OTHER REAL ESTATE *            | _____ | AUTO REGISTRATION | _____ |
| AUTO, RV, MOTOR HOME SALES TAX | _____ | AUTO REGISTRATION | _____ |
| ACTUAL SALES TAX PAID ALL YEAR | _____ | OTHER _____       | _____ |

\* DO NOT INCLUDE RENTAL REAL ESTATE -- REQUEST RENTAL PROPERTY FORM

NOTE: YOU CAN NOW DEDUCT THE GREATER OF SALES TAX OR STATE AND LOCAL INCOME TAX

**INTEREST PAID (DO NOT INCLUDE RENTAL PROPERTIES -- REQUEST RENTAL FORM):**

|   |            |                                |       |
|---|------------|--------------------------------|-------|
| PERSONAL RESIDENCE                                | _____      | DEDUCTIBLE PURCHASE POINTS     | _____ |
| PERSONAL RESIDENCE                                | _____      | DEDUCTIBLE REFINANCE POINTS    | _____ |
| HOME EQUITY LOAN                                  | _____      | MORTGAGE INSURANCE PREMIUMS    | _____ |
| VACATION HOME                                     | _____      | STUDENT LOAN                   | _____ |
|   |            | INVESTMENT INTEREST            | _____ |
| DID YOU REFINANCE THIS YEAR? NO YES               | DATE _____ | AMT. USED TO IMPROVE HOME      | _____ |
| AMOUNT USED FOR NON HOME PURPOSES                 | _____      | TERM OF NEW LOAN 15 OR 30 YEAR | _____ |
| PAYOFF OF MORTGAGE PRIOR TO REFINANCE             | _____      |                                |       |
| HOW MUCH WAS YOUR ORIGINAL MORTGAGE ON YOUR HOUSE | _____      |                                |       |

**CHARITABLE CONTRIBUTIONS: (DO NOT INCLUDE SCHOOL CREDITS FROM BELOW)**

**CASH** CONTRIBUTIONS FOR WHICH YOU HAVE RECEIPTS OR CHECKS \_\_\_\_\_

**CASH** CONTRIBUTIONS FOR WHICH YOU DO NOT HAVE RECEIPTS \_\_\_\_\_

TRAVEL COSTS FOR CHARITABLE PURPOSES \_\_\_\_\_

TRAVEL MILES FOR CHARITABLE PURPOSES \_\_\_\_\_ MILES

CAR DONATED: MAKE OF AUTO \_\_\_\_\_ DATE \_\_\_\_\_ ENTER VALUE \_\_\_\_\_

FAIR MARKET VALUE OF **NON CASH** DONATIONS (IF OVER \$500 REQUEST WORKSHEET):

| NAME OF ORGANIZATION | VALUE WHEN DONATED | DATE DONATED | DATE ACQUIRED | VALUE WHEN ACQUIRED |
|----------------------|--------------------|--------------|---------------|---------------------|
| _____                | _____              | _____        | _____         | _____               |
| _____                | _____              | _____        | _____         | _____               |
| _____                | _____              | _____        | _____         | _____               |

**ARIZONA EDUCATION CREDIT:**

PAID FOR TAX YEAR  
2017  
AMOUNT

FEES PAID TO PUBLIC SCHOOL EXTRA CURRICULAR ACTIVITIES (\$400 MAXIMUM)

|                                       |       |
|---------------------------------------|-------|
| NAME, ADDRESS & SCHOOL DISTRICT _____ | _____ |
| NAME, ADDRESS & SCHOOL DISTRICT _____ | _____ |

CONTRIBUTIONS TO PRIVATE SCHOOL TUITION ORGANIZATION (\$2177 MAXIMUM)

|                        |       |
|------------------------|-------|
| NAME AND ADDRESS _____ | _____ |
| NAME AND ADDRESS _____ | _____ |

CONTRIBUTIONS TO QUALIFYING CHARITABLE ORGANIZATIONS (\$800 MAXIMUM)

|                        |       |
|------------------------|-------|
| NAME AND ADDRESS _____ | _____ |
| NAME AND ADDRESS _____ | _____ |

CONTRIBUTIONS TO FOSTER CARE CREDIT (\$1000 EACH MAXIMUM)

|                        |       |
|------------------------|-------|
| NAME AND ADDRESS _____ | _____ |
| NAME AND ADDRESS _____ | _____ |