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		EYEGLASSES & 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:

	DATE PAID	PAID FOR TAX YEAR 2023 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 ($2609 MAXIMUM)		
NAME AND ADDRESS _____		
NAME AND ADDRESS _____		
CONTRIBUTIONS TO QUALIFYING CHARITABLE ORGANIZATIONS ($841 MAXIMUM)		
NAME AND ADDRESS _____		
NAME AND ADDRESS _____		
CONTRIBUTIONS TO FOSTER CARE CREDIT ($1051 EACH MAXIMUM)		
NAME AND ADDRESS _____		
NAME AND ADDRESS _____		