

**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  
2018

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

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 \_\_\_\_\_