

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
2020

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 (\$2365 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 _____