

AMOUNTS PAID FOR COLLEGE TUITION PLEASE HAVE FORM 1098-T:

FULL TIME
STUDENT
(MORE THAN 1/2 TIME)

FRESHMAN, SOPHMORE
JUNIOR, SENIOR,
GRADUATE

NAME OF STUDENT
TUITION AS SHOWN ON 1098-T
BOOKS, SUPPLIES
COMPUTER, ETC.

***DO NOT INCLUDE ROOM, BOARD OR MEALS. CLASSES MUST BE FOR A DEGREE OR TO IMPROVE JOB SKILLS**

CHILD CARE EXPENSES: (CHILD UNDER AGE 13)

NAME AND ADDRESS OF DAY CARE CENTER	EMPLOYER ID NUMBER	AMOUNT PAID	FOR WHICH CHILD	AMOUNT ON W-2
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____

ONLY INCLUDE CHILD CARE EXPENSES PAID SO YOU COULD WORK OR ATTEND SCHOOL FULL TIME

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	_____

TOTAL ADOPTION EXPENSES: _____

DIRECT DEPOSIT OR DIRECT WITHDRAWAL:

I WOULD LIKE TO: _____ HAVE REFUND DIRECTLY DEPOSITED _____ DATE TO WITHDRAW _____
 TAX DUE DIRECTLY WITHDRAWN _____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 _____
 OWNERSHIP ON ACCOUNT (UNDERLINE): SELF SPOUSE SELF & SPOUSE _____

MANDATORY HEALTH CARE IS NO LONGER REQUIRED.... DO NOT NEED TO FILL OUT THIS SECTION :

DID YOUR FAMILY HAVE HEALTHCARE INSURANCE THROUGH: _____ YOUR EMPLOYER _____ THE MARKETPLACE (OBAMACARE)
 CHECK HERE IF YOU HAD NO HEALTHCARE INSURANCE IN 2019 _____
 NUMBER OF MONTHS YOUR FAMILY HAD HEALTH CARE INSURANCE IN 2019 _____
 DID YOU HAVE AN EXEMPTION FROM THE MARKETPLACE? (WAS YOUR INSURANCE SUBSIDIZED) _____ YES _____ NO
 PLEASE HAVE FORM 1095A IF YOUR INSURANCE WAS PURCHASED THROUGH OBAMACARE (MARKETPLACE)
 PLEASE HAVE FORM 1095B IF YOUR INSURANCE IS PROVIDED BY YOUR EMPLOYER

PRESIDENTIAL CAMPAIGN CONTRIBUTION - CHOOSE ONE OPTION: _____ YES _____ NO