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

NAME OF STUDENT	TUITION AS SHOWN ON 1098-T	BOOKS, SUPPLIES COMPUTER, ETC.	FULL TIME STUDENT (MORE THAN 1/2 TIME)	FRESHMAN, SOPHMORE JUNIOR, SENIOR, GRADUATE

*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: DATE TO WITHDRAW _____

I WOULD LIKE TO: HAVE REFUND DIRECTLY DEPOSITED _____ TAX DUE DIRECTLY WITHDRAWN _____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 2020 _____

NUMBER OF MONTHS YOUR FAMILY HAD HEALTH CARE INSURANCE IN 2020 _____

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

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