



\_\_\_\_\_ ITEMIZED DEDUCTIONS for \_\_\_\_\_

	(year)			(name)
MEDICAL EXPENSES	\$ _____		Medical, Dental, Eye & other doctors	
	\$ _____		Prescription medications (OTC not deductible)	
	\$ _____		X-rays, lab work, etc.	
	\$ _____		Nursing Help	
	\$ _____		Hospital (or other inpatient care)	
	\$ _____		Medical Aides (hearing aids, wheelchairs, glasses)	
	\$ _____		Premiums paid to health care providers	
	\$ _____		Medical miles	
REAL ESTATE TAXES	\$ _____		Include all residential property	
VEHICLE LICENSE TAX	\$ _____		(Property tax)	
OTHER TAXES	\$ _____		(State income tax, other personal property taxes)	
MORTGAGE INTEREST	\$ _____		(also points, if allowable)	
MORTGAGE INSURANCE	\$ _____		Primary residence	
DONATIONS	\$ _____		(see other side for AZ Tax Credit donations)	
	\$ _____		(non-cash items: clothing, etc.) – MAX \$500	
	_____		Charitable miles	
CAR PURCHASE (sales tax)	\$ _____		(new _____ used _____)	

ESTIMATED TAX PAID BY TAX PAYER FOR \_\_\_\_\_  
(year)

Payment Due	4/15/_____	6/15/_____	9/15/_____	1/15/_____
Date Paid	_____	_____	_____	_____
Amount Paid	_____	_____	_____	_____