

Itemized Deductions

	Medical/Dental	Total Amount paid \$
1	Prescription medications	
2	Fees for doctors, dentists, etc	
3	Fees for hospitals, clinics, etc	
4	Lab and X-ray fees	
5	Medical aids such as glasses, contacts, hearing aids, wheelchair, etc	
6	Medical equipment and supplies	
7	Medical mileage (number of miles driven)	
8	Medical parking, tolls and local transportation	
9	Lodging for medical purposes	
10	Health/Dental/Other insurance premiums (do not include self-employed plans)	
11	Long Term Care Insurance premiums (taxpayer)	
12	Long Term Care Insurance premiums (spouse)	
13	Expenses to stop smoking	
14	Health insurance premiums – coverage established under your business	
15	Long Term Care insurance premiums - coverage established under your business	
16	Dental insurance	
17	Insurance reimbursement for any medical and dental expense listed above	
	Donation	
	Cash Donation for AZ Tax Credit (Write name of organization)	Total Amount donated \$
1		
2		
3		
4		
5		
6		
	Cash Donation (Write name of organization)	Total Amount donated \$
1		
2		
3		
4		
5		
6		
	Non-cash Donation (Write name of organization))	Official Cash Value Total \$
1		
2		
3		
4		
5		
6		