

Gail Williams, Inc.

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MEDICAL	
Prescriptions	
Med./Dental Ins.	
Medicare Prem.	
Doctors Paid	
Dentist Paid	
X-Ray/Lab Fees	
Hospital	
Nursing Home	
Hearing Aid/Batt	
Glasses/eye exam	
Contacts/Solution	
Other Med. Exp.	
Long Term Care	taxpayer
Long Term Care	spouse
Med drive miles	
Ins. reimbursed	
1095 A	

TAXES	
AZ Tax Paid	
Other State Tax	
Real Estate Tax	home
Real Estate Tax	land
Auto License Tax	
Misc License Tax	
Sales Tax Paid	
Tax on car, boat, home	

New Clients: Please Bring a Copy of Last Year's Income Tax Return

INTEREST	
Home Mortgage From Form 1098	
Home Mortgage to an individual: Name: Address: Social Security #	
Home equity loan	
Points, Refinance	
Interest 2 nd home	
Points, New Loan	
Invest. Interest	
Student Loan Date Payment Started	

CONTRIBUTION	
House of Worship	
Charitable Org.	
Charitable Miles	
AZ Tax Credit	Contributions
AZ Qualifying Charitable Org. Name:	
AZ Public School Name:	
AZ Private School Name:	
AZ Foster Care Name:	
AZ Military Fund	

CONTRIBUTION Other than \$\$	
Clothing/Household	
Other	
Mileage to Deliver	

EDUCATION	
1098-T (tuition)	
Account Activity (billed and paid)	
Books/Supplies	
529 Contribution	
1099-Q	
Room/Board if 529 or Coverdell plans	

ENERGY PROP (if qualified)	
Solar Electric	
Water Heater	
Window/Doors	
Skylight	
Insulation/air seal	
Central Air	
Air Heat Pumps	
Electric Car	

ADJUSTMENTS	
IRA Deposit	taxpayer
IRA Deposit	spouse
Roth IRA Deposit	taxpayer
Roth IRA Deposit	spouse
Keogh/SEP Dpst.	
Early Withdrawal Penalty	

MISCELLANEOUS	
Teacher Expenses	
Gambling Losses	

Estimated Taxes			
Due	Date Paid	Federal	State
April			
June			
Sept.			
Jan.			

CHILD CARE	
Amt Pd.	
Paid To:	
Address:	
SS# or EIN#	
ALIMONY (pre-2019 divorce)	
Amount Paid	
Paid To:	
Address	
SS #	

