

Your Name: _____ Year of Expenses: _____

Medical Expense Worksheet

Deductible only if net cost exceeds 7.5% of Adjusted Gross Income (AGI)

Note: Do not include amounts paid for or reimbursed by insurance, or health insurance premiums paid with pre-tax income.

Yes No

Did you pay medical expenses for a person you cannot claim as a dependent.....

Did your employer pay any part of your health Insurance.....

- Hospitalization and Health Insurance Premiums (*include Medicare Supplemental Plans*)(Only after-tax payments)..... \$ _____
- Medicare Insurance Premiums Paid (*Form SSA-1099*)..... \$ _____
- Long-Term Care insurance premium's..... \$ _____
- Vision insurance \$ _____
- Dental insurance \$ _____
- Prescribed Drugs and Insulin \$ _____
- Doctors and Clinics \$ _____
- Dentists and Orthodontists \$ _____
- Glasses, Contact Lenses, Eye exams, Laser eye surgery \$ _____
- Hospitals, Nurses, Ambulance \$ _____
- Nursing or Long-Term care facility \$ _____
- Medical transportation (*taxi, bus, ambulance, etc.*) \$ _____
- Parking fees \$ _____
- Medical miles driven during the year to obtain medical care or supplies \$ _____

Lodging while obtaining medical treatment – *Limited to \$50 per night, per person*

_____ \$ _____
_____ \$ _____

I certify that the above information is true and correct and I have the documentation supporting my responses:

Prepared by

Date