

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; and Only after-tax payments).....	\$ _____
Medicare Insurance Premiums Paid (Form SSA-1099).....	\$ _____
Long-Term Care insurance Premiums.....	\$ _____
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# of miles _____ x.17.....	\$ _____

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 _____