Medical Expense Summary Worksheet																		
Name:																		
To expedite the preparation of your tax return, you may use this worksheet to summarize your medical and dental expenses.																		
It is important for you to keep the receipts with your tax documents as supporting evidence in the event of an IRS question o audit; however, we only need your medical expenses summarized as follows:																		
																	Ш	
Presc	ription	medi	cations	5													Ш	-
Fees for doctors, dentists, etc.										-								
Fees 1	for hos	pitals,	clinics	, etc.													Ц	-
Lab &	X-ray	fees															Ш	-
Medi	cal aids	s (eyeg	glasses	, conta	act len	ses, he	earing a	aids, b	races,	crutch	es, wh	eelcha	ir, etc)			Ш	-
Medi	cal equ	iipmer	nt and	suppli	es													-
Medi	1edical mileage expenses							Miles Driven						ce	nts/m	ile		
	Medio	cal mil	eage e	xpense	е										0.17			-
Parking fees, tolls and local transporation for medical activities									5								-	
Lodgi	ng for	medic	al purp	oses (up to	\$50 pe	r night	per p	erson)									-
Health Insurance premiums																		
Medicare B insurance premiums																П		
	Medicare D insurance premiums															-	П	
	SE health insurance not deducated as income adjustment -												П					
	Healtl	h insui	rance p	oremiu	ıms pa	id fron	n K1									-	П	
	Other	allow	able h	ealth i	nsuran	ice pre	mium	5									П	-
																	Н	
Qualified long-term care contract premiums											Filer			Spouse				
	Age										<u> </u>						Н	
			ng-terr			act pre	mium	S			<u> </u>						Н	
	Limita	ition (based	on age	2)												Ш	
	Amou	ınt de	ductibl	e													П	
			L														П	
			allowa		alth in	surand	e prer	n 									Н	
			mokin														Ц	-
Other	out o	pock	et Med	lical/D	ental e	expens	es (sp	ecify)									Ш	
																	Ш	-
																	Н	-
																	Ц	-
																	Ш	-
Less:	insurai	nce re	imbusr	semer	nt for a	ny exp	enses	listed									Ц	
											eductik	le me	dical a	nd dei	ntal ex	penses	s*	-
	* Tota	ıl does	not in	clude	Qualifi	ed Ion	g-term	care (contra	ct prer	niums						Ц	

THE IN	ITENT (OF THIS	S WOR	KSHEET	IS TO	SUMM	ARIZE '	YOUR I	MEDICA	AL EXPE	NSES F	OR TH	E PURP	OSE O	F TAX P	REPAR	ATIO	ON AND	REPOR	TING.
YOU T	HE TA	(PAYER	, ARE F	RESPON	ISIBLE	FOR M	AINTAI	NING A	AN ACC	CURATE	AND (COMPL	ETE RE	CORD	OF YOU	JR MED	DICA	AL EXPEN	ISES. UI	NDER
TAX REGULATIONS YOU ACKNOWLEDGE THAT YOU HAVE SUPPORTING DOCUMENTATION (I.E. RECEIPTS, BANK RECORDS) REFLECTING												TING								
TRANSACTIONS FOR THE TOTALS STATED ABOVE.																				