

SPECIALTY WORK SHEET for MEDICAL EXPENSES

In order to maximize your deductions, please complete this form.

CLIENT _____

TAX YEAR _____

Note: These expenses must be paid by the taxpayer and for the taxpayer's self, spouse or dependent. Do not deduct expenses which are reimbursed by insurance or other sources.

Medications and Drugs

Prescribed Controlled Substances	Other
Insulin	TOTAL MEDICATIONS AND DRUGS

Doctors, Dentists, Psychiatrists, Chiropractors, C/S Practitioners, Acupuncture, Others

Dr.	Dr.
Dr.	Dr.
Dr.	Dr.
Dr.	Dr.
Dr.	Dr.
Dr.	Dr.
Dr.	Dr.
Dr.	Dr.
Dr.	TOTAL DOCTORS AND DENTISTS

Hospitals

	TOTAL HOSPITAL EXPENSES

Insurance

Health Insurance	Contact Insurance
Hospital Insurance	School Insurance
Group Insurance	Supplemental Medicare
Other Insurance	Other (Do not include income protect plans)
	TOTAL INSURANCE PREMIUMS

Other Medical and Dental Expenses

Anesthesia	X-rays
Oxygen	Clinics
Laboratories	Sanitariums
Nurses	Nurses Aides
Ambulance	Psychologists
Psychiatric Care	Physical Therapy
Mental Therapy	Eyeglasses
Optometrists	Contact Lenses
Hearing Aids	Hearing Aid Batteries
Prescribed Pools and Spas	Surgical Equipment
Hospital Equipment	Hospital Supplies
Orthopedic Shoes	Canes
Crutches	Braces
Elastic Hose	Massage Units
Heating Pads	Vibrators
Humidifiers	Capital Improvements (Amount not adding to FMV)
Asthmatic Air Conditioner	Elevator for Heart Patient
Wheel Chair	Wheel Chair Ramps
Repairs on Capital Improvements	Water Fluoridation Systems
Wigs	Prescribed Health Institutes, Gymnasium, Swim Clubs
Prescribed Exercise Equipment	Special Schools for the Handicapped
Long Distance Telephone to Schedule Appointments	Travel and Transportation Lodging (\$50 max.)
Travel and Transportation Parking and Tolls	
	TOTAL OTHER MEDICAL AND DENTAL EXPENSES

THE ABOVE EXPENSES ARE MEDICAL EXPENSES PAID FOR BY THE TAXPAYER.