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			
Prescibed Controlled Substances		Other	
Insulin		TOTAL MEDICATIONS AND DRUGS	$0.00
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	$0.00
Hospitals			
		TOTAL HOSPITAL EXPENSES	$0.00
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	$0.00
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			
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, Swin Clubs	
Prescribed Exercise Equipment		Special Schools for the Handicapped	
Long Distance Telephone to Schedule Appointments		Travel and Transportation Lodging ($50 max.)	
Travel and Transporation Parking and Tolls			
		TOTAL OTHER MEDICAL AND DENTAL EXPENSES	$0.00

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