Gagliano Associates LLC
"Pay only what you legally owe and not a penny more"
Income Tax Preparation Specialists

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MEDICAL EXPENSES WORKSHEET

Tax Year……

EXPENSES

☐	Prescription medications …….	$ ……
☐	Health Insurance Premiums Paid (out of pocket not through work)……	$ ……
☐	Long Term Care Premiums Paid Taxpayer (include proof of premiums paid)…	$……
☐	Long Term Care Premiums Paid Spouse (include proof of premiums paid) …..	$……
☐	Fees for Doctors, Dentists, etc …….	$ ……
☐	Fees for Hospitals, Clinics, etc……	$ ……
☐	Lab & X-ray Fees ……	$ ……
☐	Eye Glasses & Contact lenses ……	$ ……
☐	Medical Equipment & Supplies ……	$ ……
☐	Medical Miles driven round trip …….	$ ……
☐	Other Medical transportation costs not included above ie. Ambulance fees ..	$ ……
☐	Medical Lodging (up to $50 per night per person) ……	$ ……
☐	Other medical and dental expenses.……	$ ……
☐	……	$ ……
☐	……	$ ……
☐	……	$ ……
☐	……	$ ……
☐	……	$ ……
☐	……	$ ……
☐	……	$ ……
☐	……	$ ……

QUESTIONS:

☐	……	$ ……
☐	……	$ ……
☐	……	$ ……
☐	……	$ ……
☐	……	$ ……
☐	……	$ ……
☐	……	$ ……