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…… Client name:

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.…… $ ……
- ☐ …… $ ……
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QUESTIONS:

- ☐ …… $ ……
- ☐ …… $ ……
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