

Name _____

SSN _____

Medical and Dental - Itemized Deductions

	Current Year Amount	Prior Year Amount
1 Prescription medications		
2 Fees for doctors, dentists, etc.		
3 Fees for hospitals, clinics, etc.		
4 Lab and X-ray fees		
5 Medical aids such as glasses, contacts, hearing aids, wheelchair, etc.		
6 Medical equipment and supplies		
7 Medical mileage (number of miles driven)		
8 Medical parking, tolls and local transportation		
9 Lodging for medical purposes		
10 Health/Dental/Other ins. premiums (do not include self-employed plans)		
11 Long Term Care insurance premiums (taxpayer)		
12 Long Term Care insurance premiums (spouse)		
13 Expenses to stop smoking		
14 Health insurance premiums - coverage established under your business (1)		
15 Health insurance premiums - coverage established under your business (2)		
16 Long Term Care insurance premiums - coverage est. under your business (1)		
17 Long Term Care insurance premiums - coverage est. under your business (2)		
18 _____		
19 _____		
20 _____		
21 _____		
22 Insurance reimbursement for any medical and dental expense listed above		

- 1 Prescription medications 1
- 2 Fees for doctors, dentists, etc. 2
- 3 Fees for hospitals, clinics, etc. 3
- 4 Lab and X-ray fees 4
- 5 Medical aids such as glasses, contacts, hearing aids, wheelchair, etc. 5
- 6 Medical equipment and supplies 6
- 7 Medical mileage (number of miles driven) 7
- 8 Medical parking, tolls and local transportation 8
- 9 Lodging for medical purposes 9
- 10 Health/Dental/Other ins. premiums (do not include self-employed plans) 10
- 11 Long Term Care insurance premiums (taxpayer) 11
- 12 Long Term Care insurance premiums (spouse) 12
- 13 Expenses to stop smoking 13
- 14 Health insurance premiums - coverage established under your business (1) 14
- 15 Health insurance premiums - coverage established under your business (2) 15
- 16 Long Term Care insurance premiums - coverage est. under your business (1) 16
- 17 Long Term Care insurance premiums - coverage est. under your business (2) 17
- 18 _____ 18
- 19 _____ 19
- 20 _____ 20
- 21 _____ 21
- 22 Insurance reimbursement for any medical and dental expense listed above 22