

Form A - Medical Expenses

Tax Year: _____

Complete only if you are itemizing & your medical expenses exceed 7.5% of your income

Deductible Medical care expenses include payments for the diagnosis, cure, mitigation, treatment, or prevention of disease, or payments for treatments affecting any structure or function of the body. Nursing home expenses (including meals and lodging), medical portion of Assisted living

Not deductible: Funeral or burial expenses, nonprescription medicines, toothpaste, toiletries, cosmetics, a trip or program for the general improvement of your health, or most cosmetic surgery.

MEDICAL EXPENSES

Insurance Premiums - Health & Dental \$ _____ *(not included on SSA-1099 from)*

SSA Medicare (form 1099-SSA) Taxpayer \$ _____ Spouse \$ _____

Total all other medical expenses \$ _____ *(see above for what is deductible)*

Lodging for medical care \$ _____

Miles driven for medical # _____

Do you have receipts? _____ *We **DO NOT** need your receipts, keep them for your records*

Long-Term Care LTC Insurance Information – Complete only if applicable

Taxpayer LTC Ins

Company Name _____ Policy# _____ \$ _____

Spouse LTC Ins

Company Name _____ Policy# _____ \$ _____