

EXECUTIVE TAX SERVICES LLC

MEDICAL EXPENSES WORKSHEET

Name (Self, Dependent/Qualifying Relative) Relationship

Prescription Drugs _____

Doctors (including Chiropractors, etc.) _____

Dentist _____

Other (Ambulance, Lab Fees, Oxygen, Therapy) _____

Medical Equipment (Canes, Diagnostic Devices,
TTY/TDD Phone Equipment, etc.) _____

Eye Care (Glasses, Contact Lenses) _____

Nursing Home _____ Nursing Services _____
Employment Taxes _____

Hospital _____

Mileage (to/from all the above) _____

Lodging (Max \$50.00 per person/per night) _____

Meals (at hospital or similar institution if the
principal reason for being there is to get medical care) _____

Insurance Premiums paid by you:
Health _____
Medicare _____
Long Term Care _____

Cafeteria Plan Yes No Flex Spending Account Yes No

Capital Expenses _____
(Constructing ramps, widening doorways/halls, installing support bars, etc, and the
operation & upkeep of same)

Special Education for Learning Disabilities
Tuition, Meals, Lodging _____
Tutor _____

**(NOTE – Only payments for Medical Expenses NOT reimbursed by your health care
provider/Medicare/Medicaid should be entered on this worksheet)**