

Client Name(s): _____

Tax Year: _____

Medical Deductions Worksheet

Health Insurance Premiums:

Total for Year

\$ _____
\$ _____
\$ _____
\$ _____

Long Term Care Premiums:

\$ _____
\$ _____

Other Medical / Dental / Eyecare Etc. Expenses:

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

Number of Medical miles:

_____ miles

Gifts to Charity

Gifts to Cash To:

Total for Year

\$ _____
\$ _____
\$ _____
\$ _____

Number of Charitable miles:

_____ miles

Other than Cash or Check:

Date Donated	Organization Donated To	What was Donated?	Value When Purchased	Value when Donated
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

I certify that I have documentation to back up the figures entered on this worksheet.

Printed Name: _____

Signature: _____

Date: _____