Client Name(s):			Tax Year:		
	Medical I	Deductions Work	sheet		
Health Insuranc			Total for Year		
			\$ \$		
			\$ \$		
			\$ e		
Long Term Care	. Premiums:		ν		
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			\$ \$		
Other Medical /	Dental / Eyecare Etc. Expense		٧		
other Medical /	Dental / Lyecare Ltc. Expense	.	Ċ		
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Number of Med	lical miles:		ې	iles	
Number of Med	ilcai iiiiles.		''''	iies	
	(Gifts to Charity			
Gifts to Cash To:			Total for Year		
			\$		
			\$		
			\$		
			\$		
Number of Cha	ritable miles:		miles		
Other than Cash	n or Check:				
Date Donated	Organization Donated To	What was Donated?	Value When Purchased	Value when Donated	
			\$	\$	
				\$	
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Lo	ertify that I have documentation	on to hack un the figures	s entered on this work	sheet.	
	o y that i have accumentation	on to bush up the lightes	. C.I.C.I CA OII MIIS WOIR		
Printed Name	Sig	gnature:		Date:	
mica Name				Date	