

Tax Year _____

Form A

Medical Expenses

MEDICAL EXPENSES	TOTAL
Prescription medication	\$ _____
Insurance Premiums	\$ _____
SSA Medicare (from 1099)	\$ _____
Long-Term Care Taxpayer	\$ _____
Long-Term Care Spouse	\$ _____
Fees for Doctors, Dentist etc	\$ _____
Fees for hospitals, clinics etc	\$ _____
Lab and X-Ray fees	\$ _____
Eyeglasses and contact lenses	\$ _____
Equipment and supplies	\$ _____
Medical Transportation	\$ _____
Lodging for medical care	\$ _____
Other medical and dental	\$ _____
Parking	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Health Ins \$ _____ Dental Ins \$ _____

Taxpayer \$ _____ Spouse \$ _____

Ins Co Name _____

Policy # _____

Ins Co Name _____

Policy # _____

Miles driven for medical # _____