

Name _____

SSN _____

Medical and Dental - Itemized Deductions

		Current Year Amount	Prior Year Amount
1	Medicare B insurance premiums	1	0
2	Health/Dental/Other ins. premiums (do not include self-employed plans)	2	0
3	Health insurance premiums - coverage established under your business (1)	3	0
4	Health insurance premiums - coverage established under your business (2)	4	0
5	Long Term Care insurance premiums (taxpayer)	5	0
6	Long Term Care insurance premiums (spouse)	6	0
7	Prescription medications	7	0
8	Fees for doctors, dentists, etc.	8	0
9	Fees for hospitals, clinics, etc.	9	0
10	Lab and X-ray fees	10	0
11	Medical aids such as glasses, contacts, hearing aids, wheelchair, etc.	11	0
12	Medical equipment and supplies	12	0
13	Lodging for medical purposes (up to \$50 per night per person)	13	0
14	Expenses to stop smoking	14	0
15	Medical mileage (number of miles driven)	15	
	January to August		0
	September to December		0
16	Medical parking, tolls and local transportation	16	0
17	.....	17	0
18	.....	18	0
19	.....	19	0
20	.....	20	0
21	Insurance reimbursement for any medical and dental expense listed above	21	0

Contributions - Itemized Deductions

		Current Year Amount	Prior Year Amount
Gifts To Charity By Cash or Check			
22	.....	22	0
23	.....	23	0
24	.....	24	0
25	.....	25	0
26	.....	26	0
27	.....	27	0
28	.....	28	0
29	.....	29	0
30	.....	30	0
31	.....	31	0
32	.....	32	
33	.....	33	
34	Total Miles driven for charitable activities	34	0
35	Parking fees, tolls and local transportation for charitable activities	35	0

		Current Year Amount	Prior Year Amount
Gifts To Charity Other Than By Cash or Check (Total contributions \$500 or less see Non-Cash Charity if over \$500)			
36	.....	36	0
37	.....	37	0
38	.....	38	0
39	.....	39	0