

E File Group, inc

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SPECIALTY WORK SHEET for MEDICAL EXPENSES

In order to maximize your deductions, please complete this form

CLIENT _____ **TAX YEAR** _____

Note: These expenses must be paid by the taxpayer and for the taxpayer's self, spouse or dependent. Do not deduct expenses which are reimbursed by insurance or other sources

Medications and Drugs

Prescribed Controlled Substance		Other	
Insulin		TOTAL MEDICATIONS AND DRUGS	

Doctors, Dentist, Psychiatrists, Chiropractors, C/S Practitioners, Acupuncture, Others

Dr.		Dr.	
Dr.		Dr.	
Dr.		Dr.	
Dr.		TOTAL DOCTORS AND DENTIST	

Hospitals

		TOTAL HOSPITAL EXPENSES	

Insurance

Health Insurance		Contact Insurance	
Hospital Insurance		School Insurance	
Group Insurance		Supplemental Insurance	
Other Insurance		Other (Do not include income protect plans)	
		TOTAL INSURANCE PREMIUMS	

Other Medical and Dental Expenses

Anesthesia		X-Rays	
Oxygen		Clinics	
Laboratories		Nurses Aides	
Nurses		Psychologists	
Ambulance		Physical Therapy	
Psychiatric Care		Eyeglasses	
Mental Therapy		Contact Lenses	
Optometrists		Hearing Aid Batteries	
Hearing Aids		Surgical Equipment	
Hospital Equipment		Hospital Supplies	
Orthopedic Shoes		Canes	
Crutches		Braces	
Heating Pads		Massage Units	
Humidifiers		Capital Improvements (Amount not adding to FMV)	
Asthmatic Air Conditioner		Wheel Chair Ramps	
Wheel Chair		Water Fluoridation Systems	
Repairs on Capital Improvements		Special Schools for the Handicapped	
Wigs			
Prescribed Exercise Equipment		TOTAL OTHER MEDICAL AND DENTAL EXPENSES	
Long Distance Telephone to Schedule Appointments			
Travel and Transportation Parking and Tolls			