Itemized Expenses
Medical and Charitable worksheet

1. Medical Expenses

_____ **Did you pay out-of-pocket for Medical Expenses?**

_____ **Did you pay out-of-pocket qualified charitiable contributions?**

_____ **Did you donate items to qualified charitable organizations?**

If you checked any of the above, complete workseet below:

Year medical expenses paid $ _____

Amount paid to doctors/dentists $ _____

Amount paid for prescriptions $ _____

Amount paid for hospital care $ _____

(incuding meals and lodging)

Amount paid for medical aids $ _____

(hearing aids, crutches, wheelchair, etc.)

Medical miles driven _____

Long term care premiums $ _____

Nursing home cost for medical care $ _____

Medical insurance premiums paid after tax $ _____

Other medical expenses $ _____

2. Charitable Contributions and Donations **Year:** _____

2 A. Total Cash Contributions: _____ **# of Organizations:** _____

If more than one organization complete lines below:

Organiztion Name:	Date Contributed:	Amount Contributed:

2 B. Total Value of Donated Items: $ _____

# of organiztions: _____

If more than one organization complete lines below:

Organiztion Name:	Date Donated:	Value of Donation