

# Medical and Dental Expenses Schedule

► Name/s (T): \_\_\_\_\_ (S): \_\_\_\_\_

			(T)	Amount	(S)
<b>1a</b>	Medical Insurance (do not include payroll deduction or amount on Sheet 1, line 16)				
<b>1b</b>	Prescribed Medicines and Drugs				
	<b>Medicare Part B</b> (SSA-1099-Box3)				
	<b>Medicare Part A/Part D</b> (SSA-1099-Box3)				
	Medicare B - Supplements				
	Medicare D - Prescription				
<b>c</b>	Long Term Care Insurance				
<b>d</b>	Doctors, Dentists, Nurses (total amount)				
<b>e</b>	Hospitals				
<b>f</b>	Glasses / Contact Lenses				
<b>g</b>	X-rays / Labs				
<b>h</b>	Transportation / Lodging – Medical	TAXPAYER:	SPOUSE:		
<b>i</b>	Medical Mileage*	TAXPAYER:	SPOUSE:	LEAVE	BLANK
	Less: Insurance / Flexplan Reimbursement (if included above)			( )	( )
	<b>Total (transfer to Sheet 2, line 1b)</b>				

\*In 2020 Medical Mileage is 17¢ per mile

\*In 2019 Medical Mileage is 20¢ per mile

**Grand Total**