



# Cannon Tax & Accounting, Inc.

## Medical Expense Worksheet

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Client ID #

Client Initials

This worksheet is designed to assist you in organizing your receipts for Medical Expenses you incurred through the year. For your Medical Expenses to qualify as a deduction on your return all the categories below must equal or exceed 7.5% of your adjusted gross income.

**NOTE:** If you paid Medical Expenses for your deceased spouse or dependent, include them as Medical Expenses paid whether they were paid before or after the descent's death.

**What are Medical Expenses:** the cost of diagnosis, cure and cost for treatments affecting any part of the body. These expenses include payments for legal medical services rendered by physicians, surgeons, dentists and other medical practitioners. They include the cost of equipment, supplies, and diagnostic devices needed for these purposes. Medical care expenses must be primarily to alleviate or prevent a physical or medical defect or illness. Do not include expenses that are beneficial to general health, such as vitamins or a vacation unless prescribed by your doctor or physician.

Also included are **Medical Premiums** you pay for insurance that covers the expenses of medical care, and the amounts you pay for transportation to get medical care. Amounts paid for qualified long-term care services and limited amounts paid for any long-term care insurance contract are deductible as well.

**If any of these amounts are deducted through your payroll check and reported on your W-2 at the end of the year DO NOT include these amounts here so to prevent double reporting of these amounts.**

Though all your amounts paid for medical must collectively total 7.5% or more of your adjusted gross income, they need to be separated into several categories for reporting purposes. (see below)

**Adoption Expenses:**

\$ \_\_\_\_\_

**Insurance Premiums:**

Premiums paid out of out of pocket. If reported on your W-2 DO NOT include that amount here.

\$ \_\_\_\_\_

**Prescription Drugs:**

Prescribed by Doctor

\$ \_\_\_\_\_

**Medical & Dental To Include:**

Ambulance, Body Scan, Capitol expenses for equipment or improvements to your home needed for medical care, Chiropractors, Diagnostic devices, Expenses of an organ donor, Guide dogs or other animals leading the blind, deaf and disabled, Hearing aids/batteries/repairs, Lead paint removal, Legal abortion, Legal operation to prevent having children such as a vasectomy or tubal ligation, Meals & lodging provided by a hospital during a medical treatment, Medical service fees (from doctors, dentists, surgeons, specialists and other medical practitioners), Medically required equipment, Nursing care, Orthopedic shoes & braces, Oxygen equipment & oxygen, Part of -life care- fee paid to retirement home designed for medical care, Physical examination, Pregnancy test kit, Psychiatric and psychological treatment, Rental or purchase of healing equipment or medically required equipment, Special items (artificial limbs, false teeth, eye-glasses, contact lenses, hearing aids, crutches, wheelchair, etc...), Special education for mentally or disabled persons, Stop Smoking programs, Transportation for needed medical care, Treatment at a drug or alcohol center (included meals and lodging provided by the center), Weight-loss, certain expenses for obesity.

\$ \_\_\_\_\_

**Medical Miles:**

Driven to/from doctor, dentist, pick up medications, etc... \_\_\_\_\_

**Note :** Bring your invoices, bank/CC statements, receipts, etc. so we may properly prepare your return.