

Taxpayer: \_\_\_\_\_

Tax Year: \_\_\_\_\_

# Organizer Medical

***If MARRIED FILING JOINT - both the taxpayer and the spouse combine their Medical on this form***

You may be able to deduct your out-of-pocket expenses paid for medical, vision and dental care for yourself, your spouse, and your dependents for which you were not reimbursed. For more information, see IRS Publication 502

\$	Insurance premiums paid for medical insurance for a <b><u>SELF-PURCHASED</u></b> health care policy. <b>DO include payments made for policies acquired through HealthCare.gov or an Exchange. Do NOT include money paid as a co-insurance payment on coverage provided through your employer or union.</b>
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\$	<b>All other medical insurance premium payments</b> (including policies for qualified long-term care/long term care services). <b>DO include any <u>post-tax</u> money you paid as or for co-insurance through your employer or union.</b>
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Miles	<b>Miles driven for medical purpose - going to doctors, picking up Rx, etc.</b>
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\$	<b>Parking expenses for medical purpose - going to doctors, picking up Rx, etc.</b>
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\$	<b>Medical care expenses include payments for the diagnosis, cure, mitigation, treatment, or prevention of disease, or payments for treatments affecting any structure or function of the body. Expenses include doctor, hospital, dentist acupuncture, chiropractor, eye doctor, psychiatrists/psychologists, non-traditional medical practitioners, etc., including Rx (prescriptions), eye glasses, contacts &amp; solutions, medical equipment etc. For a more comprehensive list of what is allowable, please refer to IRS Publication 502. Do NOT include money paid for anything cosmetic; cosmetic matters are not deductible.</b>
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*Do NOT include amounts paid for which you were reimbursed or for which insurance paid.*

If you had a pre-tax medical account (i.e., HSA, MSA, etc.) for which you and or your employer made contributions, check this box