

# ALVAREZ TAX

Phone (714) 400-9201 / Fax (714) 400-9203 / tony@alvareztaxinc.com

## 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                         |  | <b>TOTAL MEDICATIONS AND DRUGS</b> |  |

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

|     |  |                                  |  |
|-----|--|----------------------------------|--|
| Dr. |  | Dr.                              |  |
| Dr. |  | Dr.                              |  |
| Dr. |  | Dr.                              |  |
| Dr. |  | <b>TOTAL DOCTORS AND DENTIST</b> |  |

### Hospitals

|  |  |                                |  |
|--|--|--------------------------------|--|
|  |  |                                |  |
|  |  |                                |  |
|  |  | <b>TOTAL HOSPITAL EXPENSES</b> |  |

### Insurance

|                    |  |   |  |
|--------------------|--|---|--|
| Health Insurance   |  | Contact Insurance                           |  |
| Hospital Insurance |  | School Insurance                            |  |
| Group Insurance    |  | Supplemental Insurance                      |  |
| Other Insurance    |  | Other (Do not include income protect plans) |  |
|                    |  | <b>TOTAL INSURANCE PREMIUMS</b>             |  |

### 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                    |  | <b>TOTAL OTHER MEDICAL AND DENTAL EXPENSES</b>  |  |
| Long Distance Telephone to Schedule Appointments |  |   |  |
| Travel and Transportation Parking and Tolls      |  |   |  |
|  |  |   |  |
|  |  |   |  |
|  |  |   |  |