

<h2 style="margin: 0;">SCHEDULE A</h2> <h3 style="margin: 0;">MEDICAL AND DENTAL EXPENSES WORKSHEET</h3>	TAX YEAR
TYPES OF EXPENSES	
For a full listing of Medical and Dental Expenses, go to IRS.gov/Pub502	

Here is a sample of deductible medical and dental expenses:

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| <ul style="list-style-type: none"> Acupuncture Alcoholism Artificial Teeth Birth Control Pills Body Scan Breast Pumps and Supplies Capital Expenses Chiropractor | <ul style="list-style-type: none"> Contact Lenses Dental Treatment Diagnostic Services Drug Addiction Eye Exams/Surgery, Eyeglasses Fertility Enhancement Guide Dog/Service Animals Hearing Aids | <ul style="list-style-type: none"> Laboratory Fees Nursing Services Psychiatric Care Psychologist Stop-Smoking Programs Therapy Weight-Loss Program Wheelchair |
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You MUST have receipts for your medical and dental expenses to prove your expenses to the IRS if audited.
You DO NOT need to submit these to Pace Accounting.

MEDICAL AND DENTAL EXPENSES	
Only include out-of-pocket medical expenses. If you were reimbursed from insurance, please exclude those amounts.	
Name of Expense	Amount
Health Insurance Premiums <small>(Do not include pre-tax premiums paid through your employer)</small>	\$
Medicare Premiums	\$
Long-Term Care Premiums – Primary Taxpayer	\$
Long-Term Care Premiums – Spouse	\$
Travel for Medical Purposes – Ambulance, Taxis, Etc.	\$
Miles Driven	
Prescription Medications	\$
Fees for Doctors, Dentists, Etc.	\$
Fees for Hospitals, Clinics, Etc.	\$
Lab and X-Ray Fees	\$
Expenses for Qualified Long-Term Care	\$
Eyeglasses and Contact Lenses	\$
Medical Equipment and Supplies	\$
Medical Transportation Expenses	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL	\$