

# 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 **2023** Medical Mileage is 22¢ per mile

\*In **2022** Medical Mileage is 18¢ per mile (January 1- June 20) and 22¢ per mile (July 1- December 31)

\*In **2021** Medical Mileage is 16¢ per mile

**Grand Total**