

Name: _____

Tax Year _____

Personal Expense Form

Medical Expenses

- Abortion _____
- Acupuncture _____
- Alcoholism _____
- Ambulance fee _____
- Annual Physical Exam _____
- Artificial Limb/Teeth Cost _____
- Bandages and supplies _____
- Birth Control Pills _____
- (A) Pregnancy Test _____
- (B) Plan B pills _____
- Breast Reconstruction Surgery _____
- Co-Payments _____
- Chiropractor _____
- Dental Treatments _____
- Diagnostic Devices _____
- Disabled Dependent Care Expenses _____
- Drug Addiction cost _____
- Eye Glasses _____
- Fertility Cost _____
- Guide dog medical expenses _____
- Hearing aids _____
- Home Care (Nursing Services) _____
- Hospital Services (Meals/ Lodging) _____
- Insurance Premium _____
- Lactation expenses: (Breast pumps, supplies) _____
- Medical Related Home Improvements
(Ramps, Hand-rails/support bars, etc.) _____
- Medical Miles driven _____
- Oxygen and equipment _____
- Prescriptions _____
- Psychologist Cost _____
- Stop-Smoking Programs _____
- Surgery _____
- Transportation (Taxi, uber, etc.) _____
- Vision: _____
- (A) Contacts _____
- (B) Eye glasses _____
- (C) Eye Exams _____
- (D) Surgery _____
- Weight-loss Programs _____
- Wheelchair _____
- Wigs (per the advice of Physician) _____
- X-ray cost _____

Total Medical _____

Charitable Contributions

All donations *require a donation letter* stating the name of organization, amount of donation, date of donation, and that no goods were exchanged.

Offering/Tithes/Donations _____

Church & other Charitable Mileage
(No. of Miles) _____

Organization	Description	Value

Other Expenses

- Child Care _____
- Rent Paid _____
- Car Registration Cost _____

Other Expenses (List) _____

Other Deductions

- IRA Contributions _____
- Student Loan Interest _____
- Moving Expenses (Military) _____
- Alimony Paid (X Spouse SS#) _____

Taxpayer 's certification

I hereby declare that I have examined this worksheet, and to the best of my knowledge and belief it is true, correct and complete.

Signature _____ Date _____