Medical Expenses
Provide a **SEPARATE TOTA**L for each taxpayer

Name of 1st taxpayer	Date payment made for service	Name of Medical provider	Description of service	Amount
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
TOTAL				0.00

Name of 2nd taxpayer	Date payment made for service	Name of Medical provider	Description of service	Amount
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
TOTAL				0.00

Name of 3rd taxpayer	Date payment made for service	Name of Medical provider	Description of service	Amount
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
TOTAL				0.00

Name of 4th taxpayer	Date payment made for service	Name of Medical provider	Description of service	Amount
				$
				$
				$
				$
				$
				$
				$

				$
				$
				$
				$
				$
				$
TOTAL				0.00