Ebenezer Bookkeeping Services

Tax Year _____

Medical Expenses

Please note that if you have group insurance coverage for a portion of medical expenses, you should indicate "your portion paid" only in the "Amount" column.

Taxpayer Name

Group Insurance Coverage

	Name of company	Policy Holder	Total Premium Paid
Company Name (1)			
Company Name (2)			

Prescription Drugs

Name of Patient	Payment Made to	Details	Amount

Eye Doctor/ Eye Wear Expenses

Name of Patient	Payment Made to	Details (type of expense)	Amount

Dental/Orthodontist

Name of Patient	Payment Made to	Details	Amount

Other (Eg. Chiropractor/massage)

Name of Patient	Payment Made to	Details	Amount