

# TAX Worksheet: Medical Expenses

*Our low tax preparation fee for Medical Expenses is only for those who complete this worksheet. Additional fees will be charged if you do not complete this form. Thank you for your cooperation!*

Name (s): \_\_\_\_\_

Tax Year: \_\_\_\_\_

**Medical Expenses**

Complete the following if applicable:

- Premiums paid to private health service plans
- Employee-paid premiums for private health services plan
- Quebec prescription Drug Insurance Plan

Taxpayer	Spouse
_____	_____
_____	_____
_____	_____

**Complete the table below. See examples in blue and red.**

Payment date	Name of Patient	Payment made to	Description of Expense	Amount if cost you
<i>Example 1:</i>				
<i>Regular medical receipts</i>				
Jan. 1 / 2015	Billy Joe	AAA Pharmacy	Prescription Drugs	\$1,000.00
<i>Example 2:</i>				
<i>If you had a portion paid by your Group Insurance plan</i>				
Jan. 1 / 2015	Bobby Ray	Pacific Blue Cross Portion NOT reimbursed	Eye glasses	\$500.00

**Please complete the above table and submit with your medical receipts in an orderly fashion (group by member of family, company, then by date). Contact us should you have questions.**

Comments:

\_\_\_\_\_