

Organizer

Medical

Taxpayer: _____

Tax Year: _____

If MARRIED FILING JOINT - both the taxpayer and the spouse combine their Medical on this worksheet

You may be able to deduct your out-of-pocket expenses paid for medical, vision and dental care for yourself, your spouse, and your dependents for which you were not reimbursed. For more information, see IRS Publication 502

Rev. 2025

PREMIUMS FOR HEALTH CARE COVERAGE



\$

Yearly total

SELF-PURCHASED INSURANCE PREMIUMS - paid for medical insurance for a SELF-PURCHASED health care policy when you DIRECTLY purchased coverage from such companies as Kaiser, Blue Cross, etc..
NOTE: YOUR PREMIUMS FOR HEALTH CARE COVERAGE YOU DIRECTLY PURCHASED THAT WAS NOT THROUGH AN EMPLOYER, NOT THROUGH A UNION. If none, leave blank.

Do NOT include payments made for coverage received through your employer or union.



\$

Yearly total

UNION PREMIUM CO-PAYMENTS - If you received health care through your union - and you had to make OUT-OF-POCKET contributions for those PREMIUMS - list the total amount of the payments YOU made toward those PREMIUMS. If none, leave blank.



\$

Yearly total

LONG-TERM CARE PREMIUMS If none, leave blank.



EMPLOYER PROVIDED/RELATED HEALTH CARE PREMIUMS - If you worked a job where you were paid on a W-2 and you were provided health care through your employer, any amounts you may have paid for premiums are reported on your W-2. **THERE IS NOTHING TO LIST HERE; WE WILL GET THIS INFORMATION FROM YOUR W-2.**

OTHER HEALTH CARE COSTS

Miles

Miles driven for medical purpose - going to doctors, picking up Rx, etc.

\$

Parking expenses for medical purpose - going to doctors, picking up Rx, etc.

YES

NO

Did you have FSA (Flexible Savings Account) for medical expenses during the year?

Did you have HSA (Health Savings Account) for medical expenses during the year?

Did you have MSA (Medical Savings Account) for medical expenses during the year?

If YES, take ACTION

No document to give us

MUST Provide Form 1099-SA

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NOTE: HSA & MSA accounts will have a year-end tax Form 1099-SA that must be part of the material you provide us for your tax preparation. FSA accounts will NOT have a year-end tax document.

\$

Total medical expenses you paid for yourself, your spouse, and your dependents. (Do NOT include medical premiums in this figure.)

YES = Include amounts paid with or reimbursed by your MSA and/or your MSA account
NO = Do NOT include amounts paid with your FSA account.

For more information, see IRS Publication 502