

Schedule A
Line 1

Medical Expenses Worksheet
▶ Keep for your records

2017

Name(s) Shown on Return	Social Security Number
1 Prescription medications	1 _____
2 Health insurance premiums:	
a Premiums other than self-employed health insurance or reported on a 1095-A . . .	2 a _____
b From Form(s) 1095-A - net of adjustments	b _____
Taxpayer's portion of 1095-A premiums (total less spouse) . . . _____	
Spouse's portion of 1095-A premiums, enter the amount for the spouse, the remaining goes to the taxpayer	
c Medicare premiums	c _____
d From Form(s) 1099-R	d _____
NOTE: If LTC premiums are associated with a specific business activity, enter them directly on the applicable Self-Employed Health and Long-Term Care Insurance Deduction Worksheet, not on lines 2e - 2j below.	
e Taxpayer's gross long-term care premiums 2 e _____	
f Taxpayer's allowable long-term care premiums f _____	
g Spouse's gross long-term care premiums g _____	
h Spouse's allowable long-term care premiums h _____	
i Dep or child under 27 gross long-term care premiums . . . i _____	
j Dep or child under 27 allowable long-term care prem. . . j _____	
k Total allowable long-term care premiums, sum of lines 2f, 2h, and 2j	k _____
l Taxpayer's long-term care premiums not deducted as an adjustment to income. . .	l _____
m Spouse's long-term care premiums not deducted as an adjustment to income. . .	m _____
n Dependent's long-term care premiums not deducted as an adj to income	n _____
o Other self-employed health insurance not deducted as an adj to income	o _____
3 Fees for doctors, dentists, etc	3 _____
4 Fees for hospitals, clinics, etc.	4 _____
5 Lab and x-ray fees	5 _____
6 Expenses for qualified long-term care	6 _____
7 Eyeglasses and contact lenses	7 _____
8 Medical equipment and supplies	8 _____
9 Medical transportation expenses:	
a Medical miles driven 9 a _____	
b Multiply the number of miles on line 9a by 17 cents per mile b _____	
c Other medical transportation costs not included above for example: ambulance fees c _____	
d Total medical transportation expenses (add lines 9b and 9c)	9 d _____
10 Lodging for medical purposes (up to \$50 per night per person)	10 _____
11 Other medical and dental expenses:	
a _____	11 a _____
b _____	b _____
c _____	c _____
d _____	d _____
e _____	e _____
f _____	f _____
g _____	g _____
h _____	h _____
i _____	i _____
j _____	j _____
12 Total of medical and dental expenses (add lines 1 through 11j)	12 _____
13 a Less: insurance reimbursement for any expenses listed	13 a _____
b Less: medical savings account (MSA) or health savings account (HSA) distributions b _____	
14 Total deductible medical and dental expenses. Subtract lines 13a plus 13b from line 12 (to Schedule A, line 1)	14 _____