

Schedule A
Line 1

Medical Expenses Worksheet
▶ Keep for your records

2018

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 18 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	_____