

**Be sure to have the following information available to  
complete your application**

**2014 INCOME**

FEDERAL INCOME TAX RETURN (IF FILED – FORM 1040, 1040A, 1040 EZ,  
OR TELEFILE WORKSHEET)

SOCIAL SECURITY (FORM SSA-1099)

PENSION AND ANNUITIES (FORM 1099-R)

INTEREST/DIVIDENDS (FORM 1099-INT, FORM 1099-DIV, FORM 1099-OID)

RAILROAD RETIREMENT (TIER I – RRB – 1099 & TIER II – RRB – 1099 - R)

IRA DISTRIBUTIONS (FORM 1099-R)

**DEDUCTIBLE OUT-OF-POCKET MEDICAL EXPENSES FOR 2014**

MEDICARE INSURANCE PREMIUMS

MEDICARE PRESCRIPTION DRUG PLAN PREMIUMS

SUPPLEMENTAL HEALTH INSURANCE PREMIUMS

CANCER INSURANCE POLICY PREMIUMS

NURSING HOME INSURANCE POLICY PREMIUMS

LONG TERM CARE INSURANCE PREMIUMS

PAYMENTS TO: DOCTORS, DENTISTS, OSTEOPATHS, NURSES, CHIROPRACTORS, AND  
OTHER LICENSED MEDICAL PRACTITIONERS

PAYMENTS TO: HOSPITALS OR LICENSED NURSING CARE FACILITIES

PAYMENTS FOR: PURCHASES OF MEDICAL EQUIPMENT, CRUTCHES, HEARING  
AIDS, EYEGASSES, CONTACT LENSES, DENTURES, ETC.

PRESCRIPTION DRUG COPAYMENTS (CALL YOUR PHARMACY FOR A TOTAL)

MILEAGE YOU TRAVEL FOR MEDICAL APPOINTMENTS

**Use the worksheet on the back of this page to help  
calculate your out of pocket medical expenses.**

## Out of Pocket Medical Expenses for Homestead Exemption

Listed below are just a few of the items that we can use for the medical expenses area of the application. Fill in the total yearly amount of out of pocket expenses next to the category that it pertains to. This is for informational purposes only...

### **THIS WILL NOT BE MAILED TO THE DEPARTMENT OF REVENUE**

#### **List following out of Pocket Medical Expenses you had in 2014**

Prescriptions: \$ \_\_\_\_\_

(Contact your Pharmacy for totals)

Physician: \$ \_\_\_\_\_

Eye Doctor: \$ \_\_\_\_\_

Hearing Doctor: \$ \_\_\_\_\_

Dentist: \$ \_\_\_\_\_

Medicare: \$ \_\_\_\_\_

Medicare Part D: \$ \_\_\_\_\_

Supplemental Insurance: \$ \_\_\_\_\_

Chiropractor: \$ \_\_\_\_\_

Nursing Home Insurance: \$ \_\_\_\_\_

Cancer Insurance: \$ \_\_\_\_\_

Heart: \$ \_\_\_\_\_

Glasses/Contacts: \$ \_\_\_\_\_

Dentures: \$ \_\_\_\_\_

Hearing Aids: \$ \_\_\_\_\_

Hearing Aid Batteries: \$ \_\_\_\_\_

Canes: \$ \_\_\_\_\_

Crutches: \$ \_\_\_\_\_

Walkers: \$ \_\_\_\_\_

Wheelchairs: \$ \_\_\_\_\_

Insulin Syringes: \$ \_\_\_\_\_

In Home Licensed Care: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

#### **Approximate all mileage to the Medical Appointments and /or Hospital in 2014**

Total Miles (January 1<sup>st</sup> through December 31<sup>st</sup>) \_\_\_\_\_ X (23.5) = \$ \_\_\_\_\_

#### **List below any other medical expenses and the amounts that we have not listed above:**

1. \_\_\_\_\_ Total Amount \$ \_\_\_\_\_

2. \_\_\_\_\_ Total Amount \$ \_\_\_\_\_

3. \_\_\_\_\_ Total Amount \$ \_\_\_\_\_

4. \_\_\_\_\_ Total Amount \$ \_\_\_\_\_

**Total of above sections: \$ \_\_\_\_\_**