

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

**(Please keep a copy of your paperwork for your records)**

**2017 Income**

Federal income tax return (if filed – Form 1040, 1040A, 1040 EZ, or telefile worksheet)

Social security income information (Form SSA-1099)

Pension and annuities income information (Form 1099-R)

Interest and/or dividends income information (Form 1099-INT, FORM 1099-DIV, FORM 1099-OID)

Railroad retirement income information (Tier I – RRB – 1099 and Tier II – RRB – 1099 - R)

IRA distribution income information (Form 1099-R)

**Deductible out-of-pocket medical expenses for 2017**

Medicare insurance premium expense information

Medicare prescription drug plan premium expense information

Supplemental health insurance premium expense information

Cancer insurance policy premium expense information

Nursing home insurance policy premiums expense information

Long-term care insurance premiums expense information

Out-of-pocket payments to: doctors, dentists, osteopaths, nurses, chiropractors, and other licensed medical practitioners

Out-of-pocket payments to: hospitals or licensed nursing-care facilities

Out-of-pocket payments for: purchases of medical equipment, crutches, hearing aids, eyeglasses, contact lenses, dentures, etc.

Out-of-pocket expenses for prescription drug copayments; you can call your pharmacy for your total expenses.

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 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 correct category. This is for informational purposes only.

**This WILL NOT be mailed to the Department of Revenue.**

**List the following *out-of-pocket* medical expenses you had in 2017.**

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

(Contact your pharmacy for totals.)

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

Eye doctor: \$ \_\_\_\_\_

Hearing doctor: \$ \_\_\_\_\_

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

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

Medicare part D: \$ \_\_\_\_\_

Supplemental insurance: \$ \_\_\_\_\_

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

Nursing-home insurance: \$ \_\_\_\_\_

Cancer insurance: \$ \_\_\_\_\_

Oxygen supplies: \$ \_\_\_\_\_

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

Glasses/contacts: \$ \_\_\_\_\_

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

Hearing aids: \$ \_\_\_\_\_

Hearing-aid batteries: \$ \_\_\_\_\_

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

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

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

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

Insulin syringes: \$ \_\_\_\_\_

Nursing-home care: \$ \_\_\_\_\_

In-home licensed care: \$ \_\_\_\_\_

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

### **Estimation of all mileage to the medical appointments and /or hospital in 2017**

Total miles (January 1 through December 31) \_\_\_\_\_ X (17 cents) = \$ \_\_\_\_\_

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

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

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

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

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

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

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