

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

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

**2022 Income**

- Federal income tax return (if filed – Form 1040 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 2022**

- 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 premium-expense information
- Long-term care insurance premium-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

2023 Household Income Table (2022 Income)				
*Subject to Change				
Over Age 65		Percentage of Relief	Disabled Veterans & Disabled Individuals	
Single	Married		Single	Married
\$0 - \$33,100.99	\$0 - \$38,900.99	100	\$0 - \$37,300.99	\$0 - \$42,700.99
\$33,101 - \$34,800.99	\$38,901 - \$41,000.99	90	\$37,301 - \$39,000.99	\$42,701 - \$44,800.99
\$34,801 - \$36,500.99	\$41,001 - \$43,100.99	80	\$39,001 - \$40,700.99	\$44,801 - \$46,900.99
\$36,501 - \$38,300.99	\$43,101 - \$45,200.99	70	\$40,701 - \$42,500.99	\$46,901 - \$49,000.99
\$38,301 - \$40,000.99	\$45,201 - \$47,300.99	60	\$42,501 - \$44,200.99	\$49,001 - \$51,100.99
\$40,001 - \$41,700.99	\$47,301 - \$49,400.99	50	\$44,201 - \$45,900.99	\$51,101 - \$53,200.99
\$41,701 - \$43,400.99	\$49,401 - \$51,400.99	40	\$45,901 - \$47,600.99	\$53,201 - \$55,300.99
\$43,401 - \$45,200.99	\$51,401 - \$53,500.99	30	\$47,601 - \$49,400.99	\$55,301 - \$57,400.99
\$45,201 - \$46,900.99	\$53,501 - \$55,600.99	20	\$49,401 - \$51,100.99	\$57,401 - \$59,500.99
\$46,901 - \$48,600.99	\$55,601 - \$57,700.99	10	\$51,101 - \$52,800.99	\$59,501 - \$61,600.99
\$48,601 - and over	\$57,701 - and over	0	\$52,801 - and over	\$61,601 - and over

**Use this worksheet to help calculate your 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 2022.**

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 2022**

Total miles (January 1 through December 31) \_\_\_\_\_ X (22 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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