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Medical Expenses

Taxpayer Name: Tax Year:

Group Insurance Coverage	Name of company	Policy Holders Name	Total Premium Paid
Company Name (1)			
Company Name (2)			

Please note that if you have group insurance coverage for a portion of medical expenses, you should indicate "your portion paid" only in the "Amount" column.

Expenses

In the details column please choose from the drop down menu, if selecting other; provide details in the description column

First Name of Patient	Who the Payment Was Made To	Details	Description	Amount

N.E. Bookkeeping & Tax Services

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First Name of Patient	Who the Payment Was Made To	Details	Description	Amount