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| MEDICAL & CHARITABLE EXPENSES  WORKSHEET | | | | | | TAX YEAR | |
| **MEDICAL & DENTAL EXPENSES** | | | | | | | |
| Only include out-of-pocket medical expenses. If you were reimbursed from insurance, please exclude those amounts. | | | | | | | |
| Total Medical & Dental Expenses **(Co-pays for doctors, labs, x-rays, hospitals, etc.)** | | | | | | | $ |
| Medicare Premiums | | | | | | | $ |
| Health Insurance Premiums **(Do not include INS if part of a cafeteria plan at work.)** | | | | | | | $ |
| Long-Term Car Premiums Paid for | | | | | | |  |
| * Taxpayer (Yourself) | | | | | | | $ |
| * Spouse | | | | | | | $ |
| Travel for Medical Purposes | | | | | | |  |
| * Ambulance, Taxis, etc. | | | | | | | $ |
| * Miles Driven | | | | | | | $ |
| **CHARITABLE CONTRIBUTIONS** | | | | | | | |
| You must have receipts from the charitable organization in your records. You do not need to submit these receipts to Pace Accounting. | | | | | | | |
| Monetary Contributions **(Includes cash, credit cards, checks, Venmo, or any other form of payment.)** | | | | | | | |
| Name of Charity |  | | | Amount Donated | | | $ |
| Name of Charity |  | | | Amount Donated | | | $ |
| Name of Charity |  | | | Amount Donated | | | $ |
| Name of Charity |  | | | Amount Donated | | | $ |
| Name of Charity |  | | | Amount Donated | | | $ |
| Name of Charity |  | | | Amount Donated | | | $ |
| Name of Charity |  | | | Amount Donated | | | $ |
| Name of Charity |  | | | Amount Donated | | | $ |
| Charitable Travel | | | | | | | |
| I drove the following number of miles to perform charitable services and/or to deliver non-cash contributions such as clothing and household goods. | | | | | | | |
| Total Miles Driven | | | | |  | | |
| Non-Cash Charitable Contributions **(Clothing, household items, cars, collectibles, and other items.)** | | | | | | | |
| Charity Name | |  | | | | | |
| Charity Address **(Street Address)** | |  | | | | | |
| Charity Address **(City, State, and Zip Code)** | |  | | | | | |
| Date Donated | |  | Date Goods Were Originally Acquired | | | |  |
| Description of Property Donated | |  | | | | | |
| Fair Market Value of Goods Donated **For help, see Schedule A Addendum (Excel Worksheet)** | | | | | | | $ |
| Original Cost of Goods Donated | | | | | | |  |

Page 1 of 2

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| --- | --- | --- | --- |
| MEDICAL & CHARITABLE EXPENSES WORKSHEET  (CONTINUED) | | | |
| **CHARITABLE CONTRIBUTIONS** | | | |
| You must have receipts from the charitable organization in your records. You do not need to submit these receipts to Pace Accounting. | | | |
| Non-Cash Charitable Contributions **(Clothing, household items, cars, collectibles, and other items.)** | | | |
| Charity Name |  | | |
| Charity Address **(Street Address)** |  | | |
| Charity Address **(City, State, and Zip Code)** |  | | |
| Date Donated |  | Date Goods Were Originally Acquired |  |
| Description of Property Donated |  | | |
| Fair Market Value of Goods Donated **For help, see Schedule A Addendum (Excel Worksheet)** | | | $ |
| Original Cost of Goods Donated | | |  |
| Non-Cash Charitable Contributions **(Clothing, household items, cars, collectibles, and other items.)** | | | |
| Charity Name |  | | |
| Charity Address **(Street Address)** |  | | |
| Charity Address **(City, State, and Zip Code)** |  | | |
| Date Donated |  | Date Goods Were Originally Acquired |  |
| Description of Property Donated |  | | |
| Fair Market Value of Goods Donated **For help, see Schedule A Addendum (Excel Worksheet)** | | | $ |
| Original Cost of Goods Donated | | |  |
| Non-Cash Charitable Contributions **(Clothing, household items, cars, collectibles, and other items.)** | | | |
| Charity Name |  | | |
| Charity Address **(Street Address)** |  | | |
| Charity Address **(City, State, and Zip Code)** |  | | |
| Date Donated |  | Date Goods Were Originally Acquired |  |
| Description of Property Donated |  | | |
| Fair Market Value of Goods Donated **For help, see Schedule A Addendum (Excel Worksheet)** | | | $ |
| Original Cost of Goods Donated | | |  |
| Non-Cash Charitable Contributions **(Clothing, household items, cars, collectibles, and other items.)** | | | |
| Charity Name |  | | |
| Charity Address **(Street Address)** |  | | |
| Charity Address **(City, State, and Zip Code)** |  | | |
| Date Donated |  | Date Goods Were Originally Acquired |  |
| Description of Property Donated |  | | |
| Fair Market Value of Goods Donated **For help, see Schedule A Addendum (Excel Worksheet)** | | | $ |
| Original Cost of Goods Donated | | |  |

Page 2 of 2