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| MEDICAL & CHARITABLE EXPENSESWORKSHEET |  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 |  |

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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 |  |

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