

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 2021.

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 2021

Total miles (January 1 through December 31) _____ X (18 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: \$ _____

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