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# Health Care Tax Organizer

Tax Year \_\_\_\_\_

Hours Tax Season:  
 M—F 8 a.m.—6 p.m.  
 Sat.: 8 A.M.— 2 P.M.  
 Sun.: Closed  
 May - Dec 8 - 5

First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_

**\*\*Taxpayers may deduct medical expenses that exceed 7.5% of income  
 IF they itemize deductions.\*\***

How much did you spend on Health Insurance and Health Care Costs?

Insurance Costs		Paid To:	Premium Amount:
Medicare Part B	TP	SSA	
Medicare Part B	SP	SSA	
Group Health Plans			
Health Insurance			
Dental/Vision Insurance			
Long Term Care Ins.	TP		
Long Term Care Ins.	SP		
Total Insurance Costs:			

**Other Medical Costs (Includes Co-Pays, Deductibles, Co-Insurance, and Out—Of—Pocket Costs):**

Other Medical Costs:	Amount:
Prescriptions:	\$
Doctor:	\$
Dental:	\$
Hospital:	\$
Eye Doctor:	\$
Eye Glasses:	\$
Other:	\$
Other:	\$
Other:	\$
Mileage Costs-# of Miles:	

*Note: ASK your pharmacy/doctor to print a history of all amounts paid to them for the year.*

**FREE**  **With Tax Preparation**