

MEDICAL CARE EXPENSE WORKSHEET

Anticipated Medical Expenses

Copays _____
 Deductibles _____
 Physical Exams _____
 Prescription Drugs _____
 Surgical Fees _____
 X-ray or Lab Fees _____
 Other _____

Anticipated Vision Expenses

Copays _____
 Deductibles _____
 Eye Exams _____
 Contact Lenses/
 Supplies _____
 Laser Eye Surgery _____
 Prescription
 Eyeglasses or
 Sunglasses _____

Anticipated Dental Expenses

Copays _____
 Deductibles _____
 Dentist/Orthodontist
 Services _____
 Dentures _____
 Crowns/Caps/Bridge _____
 Cleanings _____
 Braces/Retainers _____

Other Anticipated Expenses

Acupuncture _____
 Chiropractic _____
 Hearing Aids &
 Batteries _____
 Immunization Fees _____
 Smoking Cessation _____
 Other _____

Total Estimated Expenses _____

Divide the above figure by the number of pay periods to determine the amount per pay period

DEPENDENT/ELDER CARE EXPENSE WORKSHEET

1. The annual amount you pay to a day care center or child/elder care provider _____
2. Approximate Annual Day Camp expenses (must exclude cost of overnight) _____
- 3. TOTAL ESTIMATED ANNUAL EXPENSES** _____

Divide the above figure by the number of pay periods to determine the amount per pay period

Many households with earnings of \$24,000 or more find the Dependent/Elder Care Reimbursement Account more advantageous than the tax credit. H R Support & Consulting Services, Inc. urges you to consult with your tax advisor.