

Medical and Tax Expenses

ORG13

MEDICAL AND DENTAL EXPENSES	2018	2017
1 Prescription medications.....		
2 Health insurance premiums (enter Medicare B on ORG10)..... Exclude premiums paid through an exchange (Form 1095-A)		
3 Qualified long-term care premiums		
a Taxpayer's gross long-term care premiums		
b Spouse's gross long-term care premiums		
c Dependent's gross long-term care premiums		
4 Enter self-employed health insurance premiums on ORG19, ORG27, ORG45A, or ORG46A for the appropriate activity.....		
5 Insurance reimbursement.....		
6 Doctors, dentists, etc		
7 Hospitals, clinics, etc		
8 Lab and X-ray fees.....		
9 Expenses for qualified long-term care.....		
10 Eyeglasses and contact lenses		
11 Medical equipment and supplies		
12 Miles driven for medical purposes.....		
13 Ambulance fees and other medical transportation costs.....		
14 Lodging.....		
15 Other medical and dental expenses:		
a _____		
b _____		
c _____		
d _____		
e _____		
f _____		
g _____		
h _____		
i _____		
j _____		
TAXES	2018	2017
Enter state and local income taxes on ORG7, ORG8, ORG10, and ORG40.		
16 Real estate taxes paid on principal residence		
17 Real estate taxes paid on additional homes or land		
18 Auto registration fees based on the value of the vehicle.....		
19 Other personal property taxes		
20 Other taxes:		

Tax Payments

ORG40

2018 ESTIMATED TAX PAYMENTS

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1 Qtr 1 due by 04/18/18.....								
2 Qtr 2 due by 06/15/18.....								
3 Qtr 3 due by 09/15/18.....								
4 Qtr 4 due by 01/16/19								
5 a Additional payments ...								
b Additional payments ...								
c Additional payments ...								
d Additional payments ...								

OTHER TAX PAYMENTS

	Federal	State	Local
6 2017 overpayment applied to 2018			
7 Balance due paid with 2017 return			
8 a 2017 Quarter 4 payments paid in 2018			
b 2017 extension payments paid in 2018			
9 Other taxes paid in 2018 for prior years (include explanation)			

2019 ESTIMATED TAX WORKSHEET

If you expect any significant change in your income or expenses in 2019, please enter the increase or decrease below.

Income

10 Wages	Taxpayer	_____
	Spouse.....	_____
11 Self-Employment Income	Taxpayer	_____
	Spouse.....	_____
12 Capital Gains (sale of stock, real estate, etc).....		_____
13 Other Income:		
Description		_____

Deductions

14 Allowable Itemized Deductions	_____
15 Other deductions (such as alimony paid, early withdrawal penalties, etc):	
Description	_____
16 Federal Withholding.....	_____
17 Number of personal exemptions expected for 2019	_____

ADDITIONAL INFORMATION

18 Check to use your 2018 tax amount for your 2019 estimate.....	<input type="checkbox"/>
19 If you have an overpayment of 2018 taxes, check the box to indicate how you want your overpayment applied.	
a Apply entire overpayment to next year and refund excess	<input type="checkbox"/>
b Apply entire overpayment to first quarter and refund excess	<input type="checkbox"/>
20 Amount to apply if not entire overpayment.....	_____
21 Number of installments for estimated tax (1 - 4)	_____