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Medical and Dental Expenses

(Including the Health Coverage Tax Credit)

For use in preparing

2007 Returns



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Contents

What's New	1
Reminder	1
Introduction	2
What Are Medical Expenses?	2
What Expenses Can You Include This Year?	2
How Much of the Expenses Can You Deduct?	3
Whose Medical Expenses Can You Include?	3
What Medical Expenses Are Includible?	5
What Expenses Are Not Includible?	14
How Do You Treat Reimbursements?	17
How Do You Figure and Report the Deduction on Your Tax Return?	20
Sale of Medical Equipment or Property	21
Damages for Personal Injuries	23
Impairment-Related Work Expenses	24
Health Insurance Costs for Self-Employed Persons	24
Health Coverage Tax Credit	25
How To Get Tax Help	29
Index	32

What's New

Standard mileage rate. The standard mileage rate allowed for operating expenses for a car when you use it for medical reasons is 20 cents per mile. See *Transportation* under *What Medical Expenses Are Includible*.

Retired public safety officers. If you are a retired public safety officer, do not include as medical expenses any health or long-term care insurance premiums that you elected to have paid with tax-free distributions from a retirement plan. This applies only to distributions that would otherwise be included in income. For more information, see *Insurance Premiums for Retired Public Safety Officers* in Publication 575.

Reminder

Photographs of missing children. The Internal Revenue Service is a proud partner with the National Center for Missing and Exploited Children. Photographs of missing

children selected by the Center may appear in this publication on pages that would otherwise be blank. You can help bring these children home by looking at the photographs and calling 1-800-THE-LOST (1-800-843-5678) if you recognize a child.

Introduction

This publication explains the itemized deduction for medical and dental expenses that you claim on Schedule A (Form 1040). It discusses what expenses, and whose expenses, you can and cannot include in figuring the deduction. It explains how to treat reimbursements and how to figure the deduction. It also tells you how to report the deduction and what to do if you sell medical property or receive damages for a personal injury.

Medical expenses include dental expenses, and in this publication, the term “medical expenses” is often used to refer to medical and dental expenses.

You can deduct only the part of your medical and dental expenses that is more than 7.5% of your adjusted gross income. If your medical and dental expenses are not more than 7.5% of your adjusted gross income, you cannot claim a deduction.

After discussing the medical and dental expenses deduction, this publication explains how to treat impairment-related work expenses, health insurance premiums if you are self-employed, and the health coverage tax credit that is available to certain individuals.

See *How To Get Tax Help* near the end of this publication for information about getting publications and forms.

Comments and suggestions. We welcome your comments about this publication and your suggestions for future editions.

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Useful Items

You may want to see:

Publication

- 969** Health Savings Accounts and Other Tax-Favored Health Plans

Forms (and Instructions)

- 1040** U.S. Individual Income Tax Return
- Schedule A (Form 1040)** Itemized Deductions
- 8853** Archer MSAs and Long-Term Care Insurance Contracts
- 8885** Health Coverage Tax Credit

What Are Medical Expenses?

Medical expenses are the costs of diagnosis, cure, mitigation, treatment, or prevention of disease, and the costs for treatments affecting any part or function of the body. They include the costs of equipment, supplies, and diagnostic devices needed for these purposes. They also include dental expenses.

Medical care expenses must be primarily to alleviate or prevent a physical or mental defect or illness. They do not include expenses that are merely beneficial to general health, such as vitamins or a vacation.

Medical expenses include the premiums you pay for insurance that covers the expenses of medical care, and the amounts you pay for transportation to get medical care. Medical expenses also include amounts paid for qualified long-term care services and limited amounts paid for any qualified long-term care insurance contract.

What Expenses Can You Include This Year?

You can include only the medical and dental expenses you paid this year, regardless of when the services were provided. (But see *Decedent* under *Whose Medical Expenses Can You Include*, later, for an exception.) If you pay medical expenses by check, the day you mail or deliver the check generally is the date of payment. If you use a “pay-by-phone” or “online” account to pay your medical expenses, the date reported on the statement of the financial institution showing when payment was made is the

date of payment. If you use a credit card, include medical expenses you charge to your credit card in the year the charge is made, not when you actually pay the amount charged.

If you did not claim a medical or dental expense that would have been deductible in an earlier year, you can file Form 1040X, Amended U.S. Individual Income Tax Return, for the year in which you overlooked the expense. Do not claim the expense on this year's return. Generally, an amended return must be filed within 3 years from the date the original return was filed or within 2 years from the time the tax was paid, whichever is later.

You cannot include medical expenses that were paid by an insurance company or other sources. This is true whether the payments were made directly to you, to the patient, or to the provider of the medical services.

Separate returns. If you and your spouse live in a non-community property state and file separate returns, each of you can include only the medical expenses each actually paid. Any medical expenses paid out of a joint checking account in which you and your spouse have the same interest are considered to have been paid equally by each of you, unless you can show otherwise.

Community property states. If you and your spouse live in a community property state and file separate returns, any medical expenses paid out of community funds are divided equally. Each of you should include half the expenses. If medical expenses are paid out of the separate funds of one spouse, only the spouse who paid the medical expenses can include them. If you live in a community property state, are married, and file a separate return, see Publication 555, Community Property.

How Much of the Expenses Can You Deduct?

You can deduct only the amount of your medical and dental expenses that is more than 7.5% of your adjusted gross income (Form 1040, line 38).

In this publication, the term "7.5% limit" is used to refer to 7.5% of your adjusted gross income. The phrase "subject to the 7.5% limit" is also used. This phrase means that you must subtract 7.5% (.075) of your adjusted gross income from your medical expenses to figure your medical expense deduction.

Example. Your adjusted gross income is \$40,000, 7.5% of which is \$3,000. You paid medical expenses of \$2,500. You cannot deduct any of your medical expenses because they are not more than 7.5% of your adjusted gross income.

Whose Medical Expenses Can You Include?

You can generally include medical expenses you pay for yourself, as well as those you pay for someone who was your spouse or your dependent either when the services were provided or when you paid for them. There are different rules for decedents and for individuals who are the subject of multiple support agreements.

What if you are claimed as a dependent on someone else's return? Even if you, or your spouse if you are filing a joint return, are claimed as a dependent on someone else's return, you can include the medical expenses of any person you could have claimed as a dependent if you, or your spouse if filing jointly, were not being claimed as a dependent on someone else's return.

Spouse

You can include medical expenses you paid for your spouse. To include these expenses, you must have been married either at the time your spouse received the medical services or at the time you paid the medical expenses.

Example 1. Mary received medical treatment before she married Bill. Bill paid for the treatment after they married. Bill can include these expenses in figuring his medical expense deduction even if Bill and Mary file separate returns.

If Mary had paid the expenses, Bill could not include Mary's expenses in his separate return. Mary would include the amounts she paid during the year in her separate return. If they filed a joint return, the medical expenses both paid during the year would be used to figure their medical expense deduction.

Example 2. This year, John paid medical expenses for his wife Louise, who died last year. John married Belle this year and they file a joint return. Because John was married to Louise when she received the medical services, he can include those expenses in figuring his medical deduction for this year.

Dependent

You can include medical expenses you paid for your dependent. For you to include these expenses, the person must have been your dependent either at the time the medical services were provided or at the time you paid the expenses. A person generally qualifies as your dependent for purposes of the medical expense deduction if both of the following requirements are met.

1. The person was a qualifying child (defined later) or a qualifying relative (defined later), and
2. The person was a U.S. citizen or national or a resident of the United States, Canada, or Mexico. If your

qualifying child was adopted, see *Exception for adopted child*, next.

Exception for adopted child. If you are a U.S. citizen or national and your adopted child lived with you as a member of your household for 2007, that child does not have to be a U.S. citizen or national, or a resident of the United States, Canada, or Mexico.

Qualifying Child

A qualifying child is a child who:

1. Is your son, daughter, stepchild, foster child, brother, sister, stepbrother, stepsister, or a descendant of any of them (for example, your grandchild, niece, or nephew),
2. At the end of 2007 was:
 - a. Under age 19,
 - b. Under age 24 and a full-time student, or
 - c. Permanently and totally disabled,
3. Lived with you for more than half of 2007, and
4. Did not provide over half of his or her own support for 2007.

Adopted child. A legally adopted child is treated as your own child. This child includes a child lawfully placed with you for legal adoption.

You can include medical expenses that you paid for a child before adoption, if the child qualified as your dependent when the medical services were provided or when the expenses were paid.

If you pay back an adoption agency or other persons for medical expenses they paid under an agreement with you, you are treated as having paid those expenses provided you clearly substantiate that the payment is directly attributable to the medical care of the child.

But if you pay the agency or other person for medical care that was provided and paid for before adoption negotiations began, you cannot include them as medical expenses.



You may be able to take a credit for other expenses related to an adoption. See the Instructions for Form 8839, Qualified Adoption Expenses, for more information.

Child of divorced or separated parents. For purposes of the medical and dental expenses deduction, a child of divorced or separated parents can be treated as a dependent of both parents. Each parent can include the medical expenses he or she pays for the child, even if the other parent claims the child's dependency exemption, if:

1. The child is in the custody of one or both parents for more than half the year,
2. The child receives over half of his or her support during the year from his or her parents, and

3. The child's parents:

- a. Are divorced or legally separated under a decree of divorce or separate maintenance,
- b. Are separated under a written separation agreement, or
- c. Live apart at all times during the last 6 months of the year.

This does not apply if the child's exemption is being claimed under a multiple support agreement.

Qualifying Relative

A qualifying relative is a person:

1. Who is your:
 - a. Son, daughter, stepchild, foster child, or a descendant of any of them (for example, your grandchild),
 - b. Brother, sister, or a son or daughter of either of them,
 - c. Father, mother, or an ancestor or sibling of either of them (for example, your grandmother, grandfather, aunt, or uncle),
 - d. Stepbrother, stepsister, stepfather, stepmother, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, or sister-in-law, or
 - e. Any other person (other than your spouse) who lived with you all year as a member of your household if your relationship did not violate local law,
2. Who was not a qualifying child (see *Qualifying child* above) of any taxpayer for 2007, and
3. For whom you provided over half of the support in 2007. But see *Child of divorced or separated parents*, earlier, *Support claimed under a multiple support agreement*, next, and *Kidnapped child* under *Qualifying Relative* in Publication 501, Exemptions, Standard Deduction, and Filing Information.

Support claimed under a multiple support agreement.

If you are considered to have provided more than half of a qualifying relative's support under a multiple support agreement, you can include medical expenses you pay for that person. A multiple support agreement is used when two or more people provide more than half of a person's support, but no one alone provides more than half.

For rules regarding what expenses you can include this year, see *What Expenses Can You Include This Year*, earlier.

Any medical expenses paid by others who joined you in the agreement cannot be included as medical expenses by anyone. However, you can include the entire unreimbursed amount you paid for medical expenses.

Example. You and your three brothers each provide one-fourth of your mother's total support. Under a multiple support agreement, you treat your mother as your dependent. You paid all of her medical expenses. Your brothers repaid you for three-fourths of these expenses. In figuring your medical expense deduction, you can include only one-fourth of your mother's medical expenses. Your brothers cannot include any part of the expenses. However, if you and your brothers share the nonmedical support items and you separately pay all of your mother's medical expenses, you can include the unreimbursed amount you paid for her medical expenses in your medical expenses.

Decedent

Medical expenses paid before death by the decedent are included in figuring any deduction for medical and dental expenses on the decedent's final income tax return. This includes expenses for the decedent's spouse and dependents as well as for the decedent.

The survivor or personal representative of a decedent can choose to treat certain expenses paid by the decedent's estate for the decedent's medical care as paid by the decedent at the time the medical services were provided. The expenses must be paid within the 1-year period beginning with the day after the date of death. If you are the survivor or personal representative making this choice, you must attach a statement to the decedent's Form 1040 (or the decedent's amended return, Form 1040X) saying that the expenses have not been and will not be claimed on the estate tax return.



Qualified medical expenses paid before death by the decedent are not deductible if paid with a tax-free distribution from any Archer MSA or health savings account.

What if the decedent's return had been filed and the medical expenses were not included? Form 1040X can be filed for the year or years the expenses are treated as paid, unless the period for filing an amended return for that year has passed. Generally, an amended return must be filed within 3 years of the date the original return was filed, or within 2 years from the time the tax was paid, whichever date is later.

Example. John properly filed his 2006 income tax return. He died in 2007 with unpaid medical expenses of \$1,500 from 2006 and \$1,800 in 2007. His survivor or personal representative can file an amended return for 2006 claiming a deduction based on the \$1,500 medical expenses. The \$1,800 of medical expenses from 2007 can be included on the decedent's final return for 2007.

What if you pay medical expenses of a deceased spouse or dependent? If you paid medical expenses for your deceased spouse or dependent, include them as medical expenses on your Form 1040 in the year paid, whether they are paid before or after the decedent's death. The expenses can be included if the person was your spouse or dependent either at the time the medical services were provided or at the time you paid the expenses.

What Medical Expenses Are Includible?

Following is a list of items that you can include in figuring your medical expense deduction. The items are listed in alphabetical order.

Abortion

You can include in medical expenses the amount you pay for a legal abortion.

Acupuncture

You can include in medical expenses the amount you pay for acupuncture.

Alcoholism

You can include in medical expenses amounts you pay for an inpatient's treatment at a therapeutic center for alcohol addiction. This includes meals and lodging provided by the center during treatment.

You can also include in medical expenses amounts you pay for transportation to and from Alcoholics Anonymous meetings in your community if the attendance is pursuant to medical advice that membership in Alcoholics Anonymous is necessary for the treatment of a disease involving the excessive use of alcoholic liquors.

Ambulance

You can include in medical expenses amounts you pay for ambulance service.

Artificial Limb

You can include in medical expenses the amount you pay for an artificial limb.

Artificial Teeth

You can include in medical expenses the amount you pay for artificial teeth.

Autoette

See *Wheelchair*, later.

Bandages

You can include in medical expenses the cost of medical supplies such as bandages used to cover torn skin.

Breast Reconstruction Surgery

You can include in medical expenses the amounts you pay for breast reconstruction surgery following a mastectomy for cancer.

Birth Control Pills

You can include in medical expenses the amount you pay for birth control pills prescribed by a doctor.

Braille Books and Magazines

You can include in medical expenses the part of the cost of Braille books and magazines for use by a visually impaired person that is more than the cost of regular printed editions.

Capital Expenses

You can include in medical expenses amounts you pay for special equipment installed in a home, or for improvements, if their main purpose is medical care for you, your spouse, or your dependent. The cost of permanent improvements that increase the value of your property may be partly included as a medical expense. The cost of the improvement is reduced by the increase in the value of your property. The difference is a medical expense. If the value of your property is not increased by the improvement, the entire cost is included as a medical expense.

Certain improvements made to accommodate a home to your disabled condition, or that of your spouse or your dependents who live with you, do not usually increase the value of the home and the cost can be included in full as medical expenses. These improvements include, but are not limited to, the following items.

- Constructing entrance or exit ramps for your home.
- Widening doorways at entrances or exits to your home.
- Widening or otherwise modifying hallways and interior doorways.
- Installing railings, support bars, or other modifications to bathrooms.
- Lowering or modifying kitchen cabinets and equipment.
- Moving or modifying electrical outlets and fixtures.
- Installing porch lifts and other forms of lifts (but elevators generally add value to the house).
- Modifying fire alarms, smoke detectors, and other warning systems.

- Modifying stairways.
- Adding handrails or grab bars anywhere (whether or not in bathrooms).
- Modifying hardware on doors.
- Modifying areas in front of entrance and exit doorways.
- Grading the ground to provide access to the residence.

Only reasonable costs to accommodate a home to a disabled condition are considered medical care. Additional costs for personal motives, such as for architectural or aesthetic reasons, are not medical expenses.

Capital expense worksheet. Use Worksheet A to figure the amount of your capital expense to include in your medical expenses.

Worksheet A. Capital Expense Worksheet

Instructions: Use this worksheet to figure the amount, if any, of your medical expenses due to a home improvement.

1. Enter the amount you paid for the home improvement **1.** _____
2. Enter the value of your home immediately after the improvement **2.** _____
3. Enter the value of your home immediately before the improvement **3.** _____
4. Subtract line 3 from line 2. This is the increase in the value of your home due to the improvement. **4.** _____
 - If line 4 is more than or equal to line 1, you have no medical expenses due to the home improvement; stop here.
 - If line 4 is less than line 1, go to line 5.
5. Subtract line 4 from line 1. These are your medical expenses due to the home improvement **5.** _____

Example. You have a heart ailment. On your doctor's advice, you install an elevator in your home so that you will not have to climb stairs. The elevator costs \$8,000. An appraisal shows that the elevator increases the value of your home by \$4,400. You figure your medical expense as shown in the filled-in example of Worksheet A.

Worksheet A. Capital Expense Worksheet—Illustrated

Instructions: Use this worksheet to figure the amount, if any, of your medical expenses due to a home improvement.

1. Enter the amount you paid for the home improvement 1. 8,000
2. Enter the value of your home immediately after the improvement 2. 124,400
3. Enter the value of your home immediately before the improvement 3. 120,000
4. Subtract line 3 from line 2. This is the increase in the value of your home due to the improvement. 4. 4,400
 - If line 4 is more than or equal to line 1, you have no medical expenses due to the home improvement; stop here.
 - If line 4 is less than line 1, go to line 5.
5. Subtract line 4 from line 1. These are your medical expenses due to the home improvement 5. 3,600

Operation and upkeep. Amounts you pay for operation and upkeep of a capital asset qualify as medical expenses, as long as the main reason for them is medical care. This rule applies even if none or only part of the original cost of the capital asset qualified as a medical care expense.

Example. If, in the previous example, the elevator increased the value of your home by \$8,000, you would have no medical expense for the cost of the elevator. However, the cost of electricity to operate the elevator and any costs to maintain it are medical expenses as long as the medical reason for the elevator exists.

Improvements to property rented by a person with a disability. Amounts paid to buy and install special plumbing fixtures for a person with a disability, mainly for medical reasons, in a rented house are medical expenses.

Example. John has arthritis and a heart condition. He cannot climb stairs or get into a bathtub. On his doctor's advice, he installs a bathroom with a shower stall on the first floor of his two-story rented house. The landlord did not pay any of the cost of buying and installing the special plumbing and did not lower the rent. John can include in medical expenses the entire amount he paid.

Car

You can include in medical expenses the cost of special hand controls and other special equipment installed in a car for the use of a person with a disability.

Special design. You can include in medical expenses the difference between the cost of a regular car and a car specially designed to hold a wheelchair.

Cost of operation. The includible costs of using a car for medical reasons are explained under *Transportation*, later.

Chiropractor

You can include in medical expenses fees you pay to a chiropractor for medical care.

Christian Science Practitioner

You can include in medical expenses fees you pay to Christian Science practitioners for medical care.

Contact Lenses

You can include in medical expenses amounts you pay for contact lenses needed for medical reasons. You can also include the cost of equipment and materials required for using contact lenses, such as saline solution and enzyme cleaner. See *Eyeglasses* and *Eye Surgery*, later.

Crutches

You can include in medical expenses the amount you pay to buy or rent crutches.

Dental Treatment

You can include in medical expenses the amounts you pay for dental treatment. This includes fees paid to dentists for X-rays, fillings, braces, extractions, dentures, etc. But see *Teeth Whitening* under *What Expenses Are Not Includible*, later.

Diagnostic Devices

You can include in medical expenses the cost of devices used in diagnosing and treating illness and disease.

Example. You have diabetes and use a blood sugar test kit to monitor your blood sugar level. You can include the cost of the blood sugar test kit in your medical expenses.

Disabled Dependent Care Expenses

Some disabled dependent care expenses may qualify as either:

- Medical expenses, or
- Work-related expenses for purposes of taking a credit for dependent care.

You can choose to apply them either way as long as you do not use the same expenses to claim both a credit and a medical expense deduction.

Drug Addiction

You can include in medical expenses amounts you pay for an inpatient's treatment at a therapeutic center for drug addiction. This includes meals and lodging at the center during treatment.

Drugs

See *Medicines*, later.

Eyeglasses

You can include in medical expenses amounts you pay for eyeglasses and contact lenses needed for medical reasons. You can also include fees paid for eye examinations.

Eye Surgery

You can include in medical expenses the amount you pay for eye surgery to treat defective vision, such as laser eye surgery or radial keratotomy.

Fertility Enhancement

You can include in medical expenses the cost of the following procedures to overcome an inability to have children.

- Procedures such as *in vitro* fertilization (including temporary storage of eggs or sperm).
- Surgery, including an operation to reverse prior surgery that prevented the person operated on from having children.

Founder's Fee

See *Lifetime Care—Advance Payments*, later.

Guide Dog or Other Animal

You can include in medical expenses the costs of buying, training, and maintaining a guide dog or other animal to assist a visually-impaired or hearing-impaired person, or a person with other physical disabilities.

Health Institute

You can include in medical expenses fees you pay for treatment at a health institute only if the treatment is prescribed by a physician and the physician issues a statement that the treatment is necessary to alleviate a physical or mental defect or illness of the individual receiving the treatment.

Health Maintenance Organization (HMO)

You can include in medical expenses amounts you pay to entitle you, your spouse, or a dependent to receive medical care from a health maintenance organization. These amounts are treated as medical insurance premiums. See *Insurance Premiums*, later.

Hearing Aids

You can include in medical expenses the cost of a hearing aid and the batteries you buy to operate it.

Home Care

See *Nursing Services*, later.

Home Improvements

See *Capital Expenses*, earlier.

Hospital Services

You can include in medical expenses amounts you pay for the cost of inpatient care at a hospital or similar institution if a principal reason for being there is to receive medical care. This includes amounts paid for meals and lodging. Also see *Lodging*, later.

Insurance Premiums

You can include in medical expenses insurance premiums you pay for policies that cover medical care. Policies can provide payment for:

- Hospitalization, surgical fees, X-rays, etc.,
- Prescription drugs,
- Dental care,
- Replacement of lost or damaged contact lenses,
- Membership in an association that gives cooperative or so-called "free-choice" medical service, or group hospitalization and clinical care, or
- Qualified long-term care insurance contracts (subject to additional limitations). See *Qualified Long-Term Care Insurance Contracts* under *Long-Term Care*, later.

If you have a policy that provides more than one kind of payment, you can include the premiums for the medical care part of the policy if the charge for the medical part is reasonable. The cost of the medical part must be separately stated in the insurance contract or given to you in a separate statement.

Note. When figuring the amount of insurance premiums you can deduct on Schedule A, do not include any health coverage tax credit advance payments shown in box 1 of

Employer-Sponsored Health Insurance Plan

Do not include in your medical and dental expenses any insurance premiums paid by an employer-sponsored health insurance plan unless the premiums are included in box 1 of your Form W-2, Wage and Tax Statement. Also, do not include any other medical and dental expenses paid by the plan unless the amount paid is included in box 1 of your Form W-2.

Example. You are a federal employee participating in the premium conversion plan of the Federal Employee Health Benefits (FEHB) program. Your share of the FEHB premium is paid by making a pre-tax reduction in your salary. Because you are an employee whose insurance premiums are paid with money that is never included in your gross income, you cannot deduct the premiums paid with that money.

Long-term care services. Contributions made by your employer to provide coverage for qualified long-term care services under a flexible spending or similar arrangement must be included in your income. This amount will be reported as wages in box 1 of your Form W-2.

Health reimbursement arrangement (HRA). If you have medical expenses that are reimbursed by a health reimbursement arrangement, you cannot include those expenses in your medical expenses. This is because an HRA is funded solely by the employer.

Medicare A

If you are covered under social security (or if you are a government employee who paid Medicare tax), you are enrolled in Medicare A. The payroll tax paid for Medicare A is not a medical expense. If you are not covered under social security (or were not a government employee who paid Medicare tax), you can voluntarily enroll in Medicare A. In this situation you can include the premiums you paid for Medicare A as a medical expense.

Medicare B

Medicare B is a supplemental medical insurance. Premiums you pay for Medicare B are a medical expense. If you applied for it at age 65 or after you became disabled, you can include in medical expenses the monthly premiums you paid. If you were over age 65 or disabled when you first enrolled, check the information you received from the Social Security Administration to find out your premium.

Medicare D

Medicare D is a voluntary prescription drug insurance program for persons with Medicare A or B. You can include as a medical expense premiums you pay for Medicare D.

Prepaid Insurance Premiums

Premiums you pay before you are age 65 for insurance for medical care for yourself, your spouse, or your dependents after you reach age 65 are medical care expenses in the year paid if they are:

1. Payable in equal yearly installments or more often, and
2. Payable for at least 10 years, or until you reach age 65 (but not for less than 5 years).

Unused Sick Leave Used To Pay Premiums

You must include in gross income cash payments you receive at the time of retirement for unused sick leave. You also must include in gross income the value of unused sick leave that, at your option, your employer applies to the cost of your continuing participation in your employer's health plan after you retire. You can include this cost of continuing participation in the health plan as a medical expense.

If you participate in a health plan where your employer automatically applies the value of unused sick leave to the cost of your continuing participation in the health plan (and you do not have the option to receive cash), do not include the value of the unused sick leave in gross income. You cannot include this cost of continuing participation in that health plan as a medical expense.

Insurance Premiums You Cannot Include

You cannot include premiums you pay for:

- Life insurance policies,
- Policies providing payment for loss of earnings,
- Policies for loss of life, limb, sight, etc.,
- Policies that pay you a guaranteed amount each week for a stated number of weeks if you are hospitalized for sickness or injury,
- The part of your car insurance premiums that provides medical insurance coverage for all persons injured in or by your car because the part of the premium for you, your spouse, and your dependents is not stated separately from the part of the premium for medical care for others, or
- Health or long-term care insurance if you elected to pay these premiums with tax-free distributions from a retirement plan made directly to the insurance provider and these distributions would otherwise have been included in income.

Taxes imposed by any governmental unit, such as Medicare taxes, are not insurance premiums.

Laboratory Fees

You can include in medical expenses the amounts you pay for laboratory fees that are part of medical care.

Lead-Based Paint Removal

You can include in medical expenses the cost of removing lead-based paints from surfaces in your home to prevent a child who has or has had lead poisoning from eating the paint. These surfaces must be in poor repair (peeling or cracking) or within the child's reach. The cost of repainting the scraped area is not a medical expense.

If, instead of removing the paint, you cover the area with wallboard or paneling, treat these items as capital expenses. See *Capital Expenses*, earlier. Do not include the cost of painting the wallboard as a medical expense.

Learning Disability

See *Special Education*, later.

Legal Fees

You can include in medical expenses legal fees you paid that are necessary to authorize treatment for mental illness. However, you cannot include in medical expenses fees for the management of a guardianship estate, fees for conducting the affairs of the person being treated, or other fees that are not necessary for medical care.

Lifetime Care—Advance Payments

You can include in medical expenses a part of a life-care fee or "founder's fee" you pay either monthly or as a lump sum under an agreement with a retirement home. The part of the payment you include is the amount properly allocable to medical care. The agreement must require that you pay a specific fee as a condition for the home's promise to provide lifetime care that includes medical care. You can use a statement from the retirement home to prove the amount properly allocable to medical care. The statement must be based either on the home's prior experience or on information from a comparable home.

Dependents with disabilities. You can include in medical expenses advance payments to a private institution for lifetime care, treatment, and training of your physically or mentally impaired child upon your death or when you become unable to provide care. The payments must be a condition for the institution's future acceptance of your child and must not be refundable.

Payments for future medical care. Generally, you cannot include in medical expenses current payments for medical care (including medical insurance) to be provided substantially beyond the end of the year. This rule does not apply in situations where the future care is purchased in connection with obtaining lifetime care of the type described earlier.

Lodging

You can include in medical expenses the cost of meals and lodging at a hospital or similar institution if a principal reason for being there is to receive medical care. See *Nursing Home*, later.

You may be able to include in medical expenses the cost of lodging not provided in a hospital or similar institution. You can include the cost of such lodging while away from home if all of the following requirements are met.

1. The lodging is primarily for and essential to medical care.
2. The medical care is provided by a doctor in a licensed hospital or in a medical care facility related to, or the equivalent of, a licensed hospital.
3. The lodging is not lavish or extravagant under the circumstances.
4. There is no significant element of personal pleasure, recreation, or vacation in the travel away from home.

The amount you include in medical expenses for lodging cannot be more than \$50 for each night for each person. You can include lodging for a person traveling with the person receiving the medical care. For example, if a parent is traveling with a sick child, up to \$100 per night can be included as a medical expense for lodging. Meals are not included.

Do not include the cost of lodging while away from home for medical treatment if that treatment is not received from a doctor in a licensed hospital or in a medical care facility related to, or the equivalent of, a licensed hospital or if that lodging is not primarily for or essential to the medical care received.

Long-Term Care

You can include in medical expenses amounts paid for qualified long-term care services and premiums paid for qualified long-term care insurance contracts.

Qualified Long-Term Care Services

Qualified long-term care services are necessary diagnostic, preventive, therapeutic, curing, treating, mitigating, rehabilitative services, and maintenance and personal care services (defined later) that are:

1. Required by a chronically ill individual, and
2. Provided pursuant to a plan of care prescribed by a licensed health care practitioner.

Chronically ill individual. An individual is chronically ill if, within the previous 12 months, a licensed health care practitioner has certified that the individual meets either of the following descriptions.

1. He or she is unable to perform at least two activities of daily living without substantial assistance from another individual for at least 90 days, due to a loss of

functional capacity. Activities of daily living are eating, toileting, transferring, bathing, dressing, and continence.

2. He or she requires substantial supervision to be protected from threats to health and safety due to severe cognitive impairment.

Maintenance and personal care services. Maintenance or personal care services is care which has as its primary purpose the providing of a chronically ill individual with needed assistance with his or her disabilities (including protection from threats to health and safety due to severe cognitive impairment).

Qualified Long-Term Care Insurance Contracts

A qualified long-term care insurance contract is an insurance contract that provides only coverage of qualified long-term care services. The contract must:

1. Be guaranteed renewable,
2. Not provide for a cash surrender value or other money that can be paid, assigned, pledged, or borrowed,
3. Provide that refunds, other than refunds on the death of the insured or complete surrender or cancellation of the contract, and dividends under the contract must be used only to reduce future premiums or increase future benefits, and
4. Generally not pay or reimburse expenses incurred for services or items that would be reimbursed under Medicare, except where Medicare is a secondary payer, or the contract makes *per diem* or other periodic payments without regard to expenses.

The amount of qualified long-term care premiums you can include is limited. You can include the following as medical expenses on Schedule A (Form 1040).

1. Qualified long-term care premiums up to the amounts shown below.
 - a. Age 40 or under – \$290.
 - b. Age 41 to 50 – \$550.
 - c. Age 51 to 60 – \$1,110.
 - d. Age 61 to 70 – \$2,950.
 - e. Age 71 or over – \$3,680.
2. Unreimbursed expenses for qualified long-term care services.

Note. The limit on premiums is for each person.

Also, you cannot include premiums for long-term care insurance if you elected to pay these premiums with tax-free distributions from a qualified retirement plan made directly to the insurance provider and these distributions would otherwise have been included in income.

Meals

You can include in medical expenses the cost of meals at a hospital or similar institution if a principal reason for being there is to get medical care.

You cannot include in medical expenses the cost of meals that are not part of inpatient care.

Medical Conferences

You can include in medical expenses amounts paid for admission and transportation to a medical conference if the medical conference concerns the chronic illness of yourself, your spouse, or your dependent. The costs of the medical conference must be primarily for and necessary to the medical care of you, your spouse, or your dependent. The majority of the time spent at the conference must be spent attending sessions on medical information.



The cost of meals and lodging while attending the conference is not deductible as a medical expense.

Medical Information Plan

You can include in medical expenses amounts paid to a plan that keeps medical information in a computer data bank and retrieves and furnishes the information upon request to an attending physician.

Medical Services

You can include in medical expenses amounts you pay for legal medical services provided by:

- Physicians,
- Surgeons,
- Specialists, or
- Other medical practitioners.

Medicines

You can include in medical expenses amounts you pay for prescribed medicines and drugs. A prescribed drug is one that requires a prescription by a doctor for its use by an individual. You can also include amounts you pay for insulin. Except for insulin, you cannot include in medical expenses amounts you pay for a drug that is not prescribed.

Imported medicines and drugs. If you imported medicines or drugs from other countries, see *Medicines and Drugs From Other Countries*, under *What Expenses Are Not Includible*, later.

Mentally Retarded, Special Home for

You can include in medical expenses the cost of keeping a mentally retarded person in a special home, not the home of a relative, on the recommendation of a psychiatrist to help the person adjust from life in a mental hospital to community living.

Nursing Home

You can include in medical expenses the cost of medical care in a nursing home, home for the aged, or similar institution, for yourself, your spouse, or your dependents. This includes the cost of meals and lodging in the home if a principal reason for being there is to get medical care.

Do not include the cost of meals and lodging if the reason for being in the home is personal. You can, however, include in medical expenses the part of the cost that is for medical or nursing care.

Nursing Services

You can include in medical expenses wages and other amounts you pay for nursing services. The services need not be performed by a nurse as long as the services are of a kind generally performed by a nurse. This includes services connected with caring for the patient's condition, such as giving medication or changing dressings, as well as bathing and grooming the patient. These services can be provided in your home or another care facility.

Generally, only the amount spent for nursing services is a medical expense. If the attendant also provides personal and household services, amounts paid to the attendant must be divided between the time spent performing household and personal services and the time spent for nursing services. However, certain maintenance or personal care services provided for qualified long-term care can be included in medical expenses. See *Maintenance and personal care services* under *Long-Term Care*, earlier. Additionally, certain expenses for household services or for the care of a qualifying individual incurred to allow you to work may qualify for the child and dependent care credit. See Publication 503, *Child and Dependent Care Expenses*.

You can also include in medical expenses part of the amount you pay for that attendant's meals. Divide the food expense among the household members to find the cost of the attendant's food. Then divide that cost in the same manner as in the preceding paragraph. If you had to pay additional amounts for household upkeep because of the attendant, you can include the extra amounts with your medical expenses. This includes extra rent or utilities you pay because you moved to a larger apartment to provide space for the attendant.

Employment taxes. You can include as a medical expense social security tax, FUTA, Medicare tax, and state employment taxes you pay for a nurse, attendant, or other

person who provides medical care. If the attendant also provides personal and household services, you can include as a medical expense only the amount of employment taxes paid for medical services as explained earlier. For information on employment tax responsibilities of household employers, see Publication 926, *Household Employer's Tax Guide*.

Operations

You can include in medical expenses amounts you pay for legal operations that are not for unnecessary cosmetic surgery. See *Cosmetic Surgery* under *What Expenses Are Not Includible*, later.

Optometrist

See *Eyeglasses*, earlier.

Organ Donors

See *Transplants*, later.

Osteopath

You can include in medical expenses amounts you pay to an osteopath for medical care.

Oxygen

You can include in medical expenses amounts you pay for oxygen and oxygen equipment to relieve breathing problems caused by a medical condition.

Prosthesis

See *Artificial Limb*, earlier.

Psychiatric Care

You can include in medical expenses amounts you pay for psychiatric care. This includes the cost of supporting a mentally ill dependent at a specially equipped medical center where the dependent receives medical care. See *Psychoanalysis*, next, and *Transportation*, later.

Psychoanalysis

You can include in medical expenses payments for psychoanalysis. However, you cannot include payments for psychoanalysis that is part of required training to be a psychoanalyst.

Psychologist

You can include in medical expenses amounts you pay to a psychologist for medical care.

Special Education

You can include in medical expenses fees you pay on a doctor's recommendation for a child's tutoring by a teacher who is specially trained and qualified to work with children who have learning disabilities caused by mental or physical impairments, including nervous system disorders.

You can include in medical expenses the cost (tuition, meals, and lodging) of attending a school that furnishes special education to help a child to overcome learning disabilities. A doctor must recommend that the child attend the school. Overcoming the learning disabilities must be a principal reason for attending the school, and any ordinary education received must be incidental to the special education provided. Special education includes:

- Teaching Braille to a visually impaired person,
- Teaching lip reading to a hearing-impaired person, or
- Giving remedial language training to correct a condition caused by a birth defect.

You cannot include in medical expenses the cost of sending a problem child to a school where the course of study and the disciplinary methods have a beneficial effect on the child's attitude if the availability of medical care in the school is not a principal reason for sending the student there.

Sterilization

You can include in medical expenses the cost of a legal sterilization (a legally performed operation to make a person unable to have children).

Stop-Smoking Programs

You can include in medical expenses amounts you pay for a program to stop smoking. However, you cannot include in medical expenses amounts you pay for drugs that do not require a prescription, such as nicotine gum or patches, that are designed to help stop smoking.

Surgery

See *Operations*, earlier.

Telephone

You can include in medical expenses the cost of special telephone equipment that lets a hearing-impaired person communicate over a regular telephone. This includes teletypewriter (TTY) and telecommunications device for the deaf (TDD) equipment. You can also include the cost of repairing the equipment.

Television

You can include in medical expenses the cost of equipment that displays the audio part of television programs as

subtitles for hearing-impaired persons. This may be the cost of an adapter that attaches to a regular set. It also may be the part of the cost of a specially equipped television that exceeds the cost of the same model regular television set.

Therapy

You can include in medical expenses amounts you pay for therapy received as medical treatment.

“Patterning” exercises. You can include in medical expenses amounts you pay to an individual for giving “patterning” exercises to a mentally retarded child. These exercises consist mainly of coordinated physical manipulation of the child's arms and legs to imitate crawling and other normal movements.

Transplants

You can include any expenses you pay for medical care you receive because you are a donor or a possible donor of a kidney or other organ. This includes transportation.

You can include any expenses you pay for the medical care of a donor in connection with the donating of an organ. This includes transportation.

Transportation

You can include in medical expenses amounts paid for transportation primarily for, and essential to, medical care.

You can include:

- Bus, taxi, train, or plane fares or ambulance service,
- Transportation expenses of a parent who must go with a child who needs medical care,
- Transportation expenses of a nurse or other person who can give injections, medications, or other treatment required by a patient who is traveling to get medical care and is unable to travel alone, and
- Transportation expenses for regular visits to see a mentally ill dependent, if these visits are recommended as a part of treatment.

Car expenses. You can include out-of-pocket expenses, such as the cost of gas and oil, when you use a car for medical reasons. You cannot include depreciation, insurance, general repair, or maintenance expenses.

If you do not want to use your actual expenses, for 2007 you can use a standard rate of 20 cents a mile for use of a car for medical reasons.

You can also include parking fees and tolls. You can add these fees and tolls to your medical expenses whether you use actual expenses or use the standard mileage rate.

Example. Bill Jones drove 2,800 miles for medical reasons during the year. He spent \$250 for gas, \$5 for oil, and \$50 for tolls and parking. He wants to figure the amount he

can include in medical expenses both ways to see which gives him the greater deduction.

He figures the actual expenses first. He adds the \$250 for gas, the \$5 for oil, and the \$50 for tolls and parking for a total of \$305.

He then figures the standard mileage amount. He multiplies the 2,800 miles by 20 cents a mile for a total of \$560. He then adds the \$50 tolls and parking for a total of \$610.

Bill includes the \$610 of car expenses with his other medical expenses for the year because the \$610 is more than the \$305 he figured using actual expenses.

Transportation expenses you cannot include. You cannot include in medical expenses the cost of transportation in the following situations.

- Going to and from work, even if your condition requires an unusual means of transportation.
- Travel for purely personal reasons to another city for an operation or other medical care.
- Travel that is merely for the general improvement of one's health.
- The costs of operating a specially equipped car for other than medical reasons.

Trips

You can include in medical expenses amounts you pay for transportation to another city if the trip is primarily for, and essential to, receiving medical services. You may be able to include up to \$50 per night for lodging. See *Lodging*, earlier.

You cannot include in medical expenses a trip or vacation taken merely for a change in environment, improvement of morale, or general improvement of health, even if the trip is made on the advice of a doctor. However, see *Medical Conferences*, earlier.

Tuition

Under special circumstances, you can include charges for tuition in medical expenses. See *Special Education*, earlier.

You can include charges for a health plan included in a lump-sum tuition fee if the charges are separately stated or can easily be obtained from the school.

Vasectomy

You can include in medical expenses the amount you pay for a vasectomy.

Vision Correction Surgery

See *Eye Surgery*, earlier.

Weight-Loss Program

You can include in medical expenses amounts you pay to lose weight if it is a treatment for a specific disease diagnosed by a physician (such as obesity, hypertension, or heart disease). This includes fees you pay for membership in a weight reduction group and attendance at periodic meetings. You cannot include membership dues in a gym, health club, or spa as medical expenses, but you can include separate fees charged there for weight loss activities.

You cannot include the cost of diet food or beverages in medical expenses because the diet food and beverages substitute for what is normally consumed to satisfy nutritional needs. You can include the cost of special food in medical expenses only if:

1. The food does not satisfy normal nutritional needs,
2. The food alleviates or treats an illness, and
3. The need for the food is substantiated by a physician.

The amount you can include in medical expenses is limited to the amount by which the cost of the special food exceeds the cost of a normal diet. See also *Weight-Loss Program* under *What Expenses Are Not Includible*, later.

Wheelchair

You can include in medical expenses amounts you pay for an autoette or a wheelchair used mainly for the relief of sickness or disability, and not just to provide transportation to and from work. The cost of operating and maintaining the autoette or wheelchair is also a medical expense.

Wig

You can include in medical expenses the cost of a wig purchased upon the advice of a physician for the mental health of a patient who has lost all of his or her hair from disease.

X-ray

You can include in medical expenses amounts you pay for X-rays for medical reasons.

What Expenses Are Not Includible?

Following is a list of some items that you cannot include in figuring your medical expense deduction. The items are listed in alphabetical order.

Baby Sitting, Childcare, and Nursing Services for a Normal, Healthy Baby

You cannot include in medical expenses amounts you pay for the care of children, even if the expenses enable you, your spouse, or your dependent to get medical or dental treatment. Also, any expense allowed as a childcare credit cannot be treated as an expense paid for medical care.

Controlled Substances

You cannot include in medical expenses amounts you pay for controlled substances (such as marijuana, laetrile, etc.), in violation of federal law.

Cosmetic Surgery

Generally, you cannot include in medical expenses the amount you pay for unnecessary cosmetic surgery. This includes any procedure that is directed at improving the patient's appearance and does not meaningfully promote the proper function of the body or prevent or treat illness or disease. You generally cannot include in medical expenses the amount you pay for procedures such as face lifts, hair transplants, hair removal (electrolysis), and liposuction.

You can include in medical expenses the amount you pay for cosmetic surgery if it is necessary to improve a deformity arising from, or directly related to, a congenital abnormality, a personal injury resulting from an accident or trauma, or a disfiguring disease.

Example. An individual undergoes surgery that removes a breast as part of treatment for cancer. She pays a surgeon to reconstruct the breast. The surgery to reconstruct the breast corrects a deformity directly related to the disease. The cost of the surgery is includible in her medical expenses.

Dancing Lessons

You cannot include the cost of dancing lessons, swimming lessons, etc., even if they are recommended by a doctor, if they are only for the improvement of general health.

Diaper Service

You cannot include in medical expenses the amount you pay for diapers or diaper services, unless they are needed to relieve the effects of a particular disease.

Electrolysis or Hair Removal

See *Cosmetic Surgery*, earlier.

Flexible Spending Account

You cannot include in medical expenses amounts for which you are fully reimbursed by your flexible spending

account if you contribute a part of your income on a pre-tax basis to pay for the qualified benefit.

Funeral Expenses

You cannot include in medical expenses amounts you pay for funerals.

Future Medical Care

Generally, you cannot include in medical expenses current payments for medical care (including medical insurance) to be provided substantially beyond the end of the year. This rule does not apply in situations where the future care is purchased in connection with obtaining lifetime care or long-term care of the type described at *Lifetime Care—Advance Payments or Long-Term Care*, earlier under *What Medical Expenses Are Includible*.

Hair Transplant

See *Cosmetic Surgery*, earlier.

Health Club Dues

You cannot include in medical expenses health club dues, or amounts paid to improve one's general health or to relieve physical or mental discomfort not related to a particular medical condition.

You cannot include in medical expenses the cost of membership in any club organized for business, pleasure, recreation, or other social purpose.

Health Coverage Tax Credit

You cannot include in medical expenses amounts you pay for health insurance that you use in figuring your health coverage tax credit. For more information, see *Health Coverage Tax Credit*, later.

Health Savings Accounts

You cannot include in medical expenses any payment or distribution for medical expenses out of a health savings account. Contributions to health savings accounts are deducted separately. See Publication 969.

Household Help

You cannot include in medical expenses the cost of household help, even if such help is recommended by a doctor. This is a personal expense that is not deductible. However, you may be able to include certain expenses paid to a person providing nursing-type services. For more information, see *Nursing Services*, earlier under *What Medical Expenses Are Includible*. Also, certain maintenance or personal care services provided for qualified long-term care can be included in medical expenses. For more information, see *Long-Term Care*, earlier under *What Medical Expenses Are Includible*.

Illegal Operations and Treatments

You cannot include in medical expenses amounts you pay for illegal operations, treatments, or controlled substances whether rendered or prescribed by licensed or unlicensed practitioners.

Insurance Premiums

See *Insurance Premiums* under *What Medical Expenses Are Includible*, earlier.

Maternity Clothes

You cannot include in medical expenses amounts you pay for maternity clothes.

Medical Savings Account (MSA)

You cannot include in medical expenses amounts you contribute to an Archer MSA. You cannot include medical expenses you pay for with a tax-free distribution from your Archer MSA. You also cannot use other funds equal to the amount of the distribution and include the expenses. For more information on Archer MSAs, see Publication 969.

Medicines and Drugs From Other Countries

In general, you cannot include in your medical expenses the cost of a prescribed drug brought in (or ordered shipped) from another country, because you can only include the cost of a drug that was imported legally. (You can include the cost of a prescribed drug the Food and Drug Administration announces can be legally imported by individuals.) However, you can include the cost of a prescribed drug you purchase and consume in another country if the drug is legal in both the other country and the United States.

Nonprescription Drugs and Medicines

Except for insulin, you cannot include in medical expenses amounts you pay for a drug that is not prescribed.

Example. Your doctor recommends that you take aspirin. Because aspirin is a drug that does not require a physician's prescription, you cannot include its cost in your medical expenses.

Nutritional Supplements

You cannot include in medical expenses the cost of nutritional supplements, vitamins, herbal supplements, "natural medicines," etc. unless they are recommended by a medical practitioner as treatment for a specific medical condition diagnosed by a physician. Otherwise, these items are taken to maintain your ordinary good health, and are not for medical care.

Personal Use Items

You cannot include in medical expenses the cost of an item ordinarily used for personal, living, or family purposes unless it is used primarily to prevent or alleviate a physical or mental defect or illness. For example, the cost of a toothbrush and toothpaste is a nondeductible personal expense.

Where an item purchased in a special form primarily to alleviate a physical defect is one that in normal form is ordinarily used for personal, living, or family purposes, the excess of the cost of the special form over the cost of the normal form is a medical expense (see *Braille Books and Magazines* under *What Medical Expenses Are Includible*, earlier).

Swimming Lessons

See *Dancing Lessons*, earlier.

Teeth Whitening

You cannot include in medical expenses amounts paid to whiten teeth. See *Cosmetic Surgery*, earlier.

Veterinary Fees

You, generally, cannot include veterinary fees in your medical expenses, but see *Guide Dog or Other Animal* under *What Medical Expenses Are Includible* earlier.

Weight-Loss Program

You cannot include in medical expenses the cost of a weight-loss program if the purpose of the weight loss is the improvement of appearance, general health, or sense of well-being. You cannot include amounts you pay to lose weight unless the weight loss is a treatment for a specific disease diagnosed by a physician (such as obesity, hypertension, or heart disease). This includes fees you pay for membership in a weight reduction group and attendance at periodic meetings. Also, you cannot include membership dues in a gym, health club, or spa.

You cannot include the cost of diet food or beverages in medical expenses because the diet food and beverages substitute for what is normally consumed to satisfy nutritional needs. You cannot include the cost of special food in medical expenses unless all three of the following requirements are met.

1. The food does not satisfy normal nutritional needs.
2. The food alleviates or treats an illness.
3. The need for the food is substantiated by a physician.

The amount you can include in medical expenses is limited to the amount by which the cost of the special food exceeds the cost of a normal diet.

How Do You Treat Reimbursements?

You can include in medical expenses only those amounts paid during the tax year for which you received no insurance or other reimbursement.

Insurance Reimbursement

You must reduce your total medical expenses for the year by all reimbursements for medical expenses that you receive from insurance or other sources during the year. This includes payments from Medicare.

Even if a policy provides reimbursement only for certain specific medical expenses, you must use amounts you receive from that policy to reduce your total medical expenses, including those it does not provide reimbursement for.

Example. You have insurance policies which cover your hospital and doctors' bills but not your nursing bills. The insurance you receive for the hospital and doctors' bills is more than their charges. In figuring your medical deduction, you must reduce the total amount you spent for medical care by the total amount of insurance you received even if the policies do not cover some of your medical expenses.

Health reimbursement arrangement (HRA). A health reimbursement arrangement is an employer-funded plan that reimburses employees for medical care expenses and allows unused amounts to be carried forward. An HRA is funded solely by the employer and the reimbursements for medical expenses, up to a maximum dollar amount for a coverage period, are not included in your income.

Other reimbursements. Generally, you do not reduce medical expenses by payments you receive for:

- Permanent loss or loss of use of a member or function of the body (loss of limb, sight, hearing, etc.) or disfigurement to the extent the payment is based on the nature of the injury without regard to the amount of time lost from work, or
- Loss of earnings.

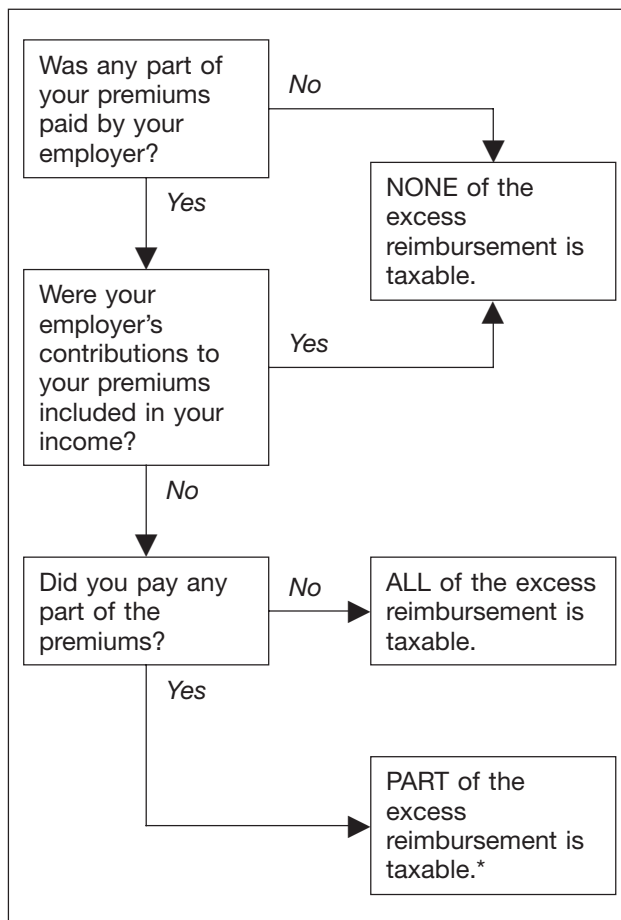
You must, however, reduce your medical expenses by any part of these payments that is designated for medical costs. See *How Do You Figure and Report the Deduction on Your Tax Return*, later.

For how to treat damages received for personal injury or sickness, see *Damages for Personal Injuries*, later.

What If Your Insurance Reimbursement Is More Than Your Medical Expenses?

If you are reimbursed more than your medical expenses, you may have to include the excess in income. You may want to use Figure 1 to help you decide if any of your reimbursement is taxable.

Figure 1. **Is Your Excess Medical Reimbursement Taxable?**



*See *Premiums paid by you and your employer* in this publication.

Premiums paid by you. If you pay the entire premium for your medical insurance or all the costs of a plan similar to medical insurance, and your insurance payments or other reimbursements are more than your total medical expenses for the year, you have excess reimbursement. Generally, you do not include the excess reimbursement in your gross income. However, gross income does include total payments in excess of \$260 a day (\$94,900 for 2007) for qualified long-term care services.

Premiums paid by you and your employer. If both you and your employer contribute to your medical insurance plan and your employer's contributions are not included in your gross income, you must include in your gross income the part of your excess reimbursement that is from your employer's contribution.

If you are not covered by more than one policy, you can figure the amount of the excess reimbursement you must include in gross income using Worksheet B. If you are covered under more than one policy, see *More than one policy*, later.

Worksheet B. Excess Reimbursement Includible in Income When You Have Only One Policy

Instructions: Use this worksheet to figure the amount of excess reimbursement you must include in income when both you and your employer contributed to your medical insurance and your employer's contributions are not included in your gross income.

1. Enter the amount contributed to your medical insurance for the year by your employer **1.** _____
2. Enter the total annual cost of the policy **2.** _____
3. Divide line 1 by line 2 **3.** _____
4. Enter the amount of excess reimbursement **4.** _____
5. Multiply line 3 by line 4. This is the amount of the excess reimbursement you must include as other income on Form 1040, line 21 **5.** _____

Example. You are covered by your employer's medical insurance policy. The annual premium is \$2,000. Your employer pays \$600 of that amount, which is not included in your gross income, and the balance of \$1,400 is taken out of your wages. You receive \$500 excess reimbursement for your medical expenses. The part of the excess reimbursement you receive under the policy that is from your employer's contributions is figured as follows.

Worksheet B. Excess Reimbursement Includible in Income When You Have Only One Policy— Illustrated

Instructions: Use this worksheet to figure the amount of excess reimbursement you must include in income when both you and your employer contributed to your medical insurance and your employer's contributions are not included in your gross income.

1. Enter the amount contributed to your medical insurance for the year by your employer **1.** 600
2. Enter the total annual cost of the policy **2.** 2,000
3. Divide line 1 by line 2 **3.** .30
4. Enter the amount of excess reimbursement **4.** 500
5. Multiply line 3 by line 4. This is the amount of the excess reimbursement you must include as other income on Form 1040, line 21 **5.** 150

You must include in your gross income 30% (.30) of \$500, or \$150, of the excess reimbursement you received for medical expenses under the policy.

Premiums paid by your employer. If your employer or your former employer pays the total cost of your medical insurance plan and your employer's contributions are not included in your income, you must report all of your excess reimbursement as other income.

More than one policy. If you are covered under more than one policy, the cost of at least one of which is paid by both you and your employer, you must first divide the medical expenses among the policies to figure the excess reimbursement from each policy. Then divide the policy costs to figure the part of any excess reimbursement that is from your employer's contribution. Any excess reimbursement that is due to your employer's contributions is includible in your income.

You can figure the part of the excess reimbursement that is from your employer's contribution by using Worksheet C. Use Worksheet C only if both you and your employer paid part of the cost of at least one policy. If you had more than one policy, but you did not share in the cost of at least one policy, do not use Worksheet C.

Worksheet C. Excess Reimbursement Includible in Income When You Have More Than One Policy

Instructions: Use this worksheet to figure the amount of excess reimbursement you must include as income on your tax return when a) you are reimbursed under two or more health insurance policies, b) at least one of which is paid for by both you and your employer, and c) your employer's contributions are not included in your gross income. If you and your employer did not share in the cost of at least one policy, do not use this worksheet.

1. Enter the reimbursement from your employer's policy **1.** _____
2. Enter the reimbursement from your own policy **2.** _____
3. Add lines 1 and 2 **3.** _____
4. Divide line 1 by line 3. **4.** _____
5. Enter the total medical expenses you paid during the year. If this amount is at least as much as the amount on line 3, stop here because there is no excess reimbursement. **5.** _____
6. Multiply line 4 by line 5 **6.** _____
7. Subtract line 6 from line 1 **7.** _____
8. Enter employer's contribution to the annual cost of the employer's policy . . **8.** _____

9. Enter total annual cost of the employer's policy 9. _____
10. Divide line 8 by line 9. This is the percentage of your total excess reimbursement you must report as other income 10. _____
11. Multiply line 7 by line 10. This is the amount of your total excess reimbursement you must report as other income on Form 1040, line 21 . . . 11. _____

Example. You are covered by your employer's health insurance policy. The annual premium is \$1,200. Your employer pays \$300 and the balance of \$900 is deducted from your wages. You also paid the entire premium (\$250) for a personal health insurance policy.

During the year, you paid medical expenses of \$3,600. In the same year, you were reimbursed \$2,400 under your employer's policy and \$1,600 under your own personal policy. The amount you must report as other income is figured as follows.

Worksheet C. Excess Reimbursement Includible in Income When You Have More Than One Policy—Illustrated

Instructions: Use this worksheet to figure the amount of excess reimbursement you must include as income on your tax return when a) you are reimbursed under two or more health insurance policies, b) at least one of which is paid for by both you and your employer, and c) your employer's contributions are not included in your gross income. If you and your employer did not share in the cost of at least one policy, do not use this worksheet.

- | | |
|---|-----------------|
| 1. Enter the reimbursement from your employer's policy | 1. <u>2,400</u> |
| 2. Enter the reimbursement from your own policy | 2. <u>1,600</u> |
| 3. Add lines 1 and 2 | 3. <u>4,000</u> |
| 4. Divide line 1 by line 3 | 4. <u>.60</u> |
| 5. Enter the total medical expenses you paid during the year. If this amount is at least as much as the amount on line 3, stop here because there is no excess reimbursement. | 5. <u>3,600</u> |
| 6. Multiply line 4 by line 5 | 6. <u>2,160</u> |
| 7. Subtract line 6 from line 1 | 7. <u>240</u> |
| 8. Enter employer's contribution to the annual cost of the employer's policy . . . | 8. <u>300</u> |
| 9. Enter total annual cost of the employer's policy | 9. <u>1,200</u> |
| 10. Divide line 8 by line 9. This is the percentage of your total excess reimbursement you must report as other income | 10. <u>.25</u> |
| 11. Multiply line 7 by line 10. This is the amount of your total excess reimbursement you must report as other income on Form 1040, line 21 . . . | 11. <u>60</u> |

What If You Receive Insurance Reimbursement in a Later Year?

If you are reimbursed in a later year for medical expenses you deducted in an earlier year, you generally must report the reimbursement as income up to the amount you previously deducted as medical expenses.

However, you do not report as income the amount of reimbursement you received up to the amount of your medical deductions that did not reduce your tax for the earlier year.

For more information about the recovery of an amount that you claimed as an itemized deduction in an earlier year, see *Recoveries* in Publication 525, Taxable and Nontaxable Income.

What If You Are Reimbursed for Medical Expenses You Did Not Deduct?

If you did not deduct a medical expense in the year you paid it because your medical expenses were not more than 7.5% of your adjusted gross income, or because you did not itemize deductions, do not include the reimbursement, up to the amount of the expense, in income. However, if the reimbursement is more than the expense, see *What If Your Insurance Reimbursement Is More Than Your Medical Expenses*, earlier.

Example. Last year, you had \$500 of medical expenses. You cannot deduct the \$500 because it is less than 7.5% of your adjusted gross income. If, in a later year, you are reimbursed for any of the \$500 of medical expenses, you do not include that amount in your gross income.

How Do You Figure and Report the Deduction on Your Tax Return?

Once you have determined which medical care expenses you can include, figure and report the deduction on your tax return.

What Tax Form Do You Use?

You report your medical expense deduction on Schedule A, Form 1040. You cannot claim medical expenses on Form 1040A, U.S. Individual Income Tax Return, or Form 1040EZ, Income Tax Return for Single and Joint Filers With No Dependents. An example of a filled-in medical and dental expense part of Schedule A is shown.

How Do You Figure Your Deduction?

To figure your medical and dental expense deduction, complete lines 1 through 4 of Schedule A, Form 1040, as follows:

Line 1. Enter the amount you paid for medical expenses after reducing the amount by payments you received from insurance and other sources.

Line 2. Enter your adjusted gross income from Form 1040, line 38.

Line 3. Multiply the amount on line 2 (adjusted gross income) by 7.5% (.075) and enter the result.

Line 4. If line 3 is more than line 1, enter -0-. Otherwise, subtract the amount on line 3 from the amount on line 1. This is your deduction for medical and dental expenses.

Example. Bill and Helen Jones belong to a group medical plan and part of their insurance is paid by Bill's employer. They file a joint return, and their adjusted gross income is \$33,004. The following list shows the net amounts, after insurance reimbursements, that Bill and Helen paid this year for medical expenses.

1. For themselves, Bill and Helen paid \$375 for prescription medicines and drugs, \$337 for hospital bills, \$439 for doctor bills, \$295 for hospitalization insurance, \$380 for medical and surgical insurance, and \$33 for transportation for medical treatment, which totals \$1,859.
2. For Grace Taylor (Helen's dependent mother), they paid \$300 for doctors, \$300 for insulin, and \$175 for eyeglasses, which totals \$775.
3. For Betty Jones (Bill's dependent sister), they paid \$450 for doctors and \$350 for prescription medicines and drugs, which totals \$800.

Bill and Helen add all their medical and dental expenses together (\$1,859 + \$775 + \$800 = \$3,434). They figure their deduction on the medical and dental expenses part of Schedule A, Form 1040, as shown.



Recordkeeping. For each medical expense, you should keep a record of:

- The name and address of each person you paid, and
- The amount and date of each payment.

SCHEDULES A&B (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Schedule A—Itemized Deductions

(Schedule B is on back)

▶ Attach to Form 1040. ▶ See Instructions for Schedules A&B (Form 1040).

OMB No. 1545-0074

2007

Attachment
Sequence No. **07**

Name(s) shown on Form 1040

Bill and Helen Jones

Your social security number

000 00 0000

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.				
1	Medical and dental expenses (see page A-2)	1	3,434		
2	Enter amount from Form 1040, line 38 2 33,004 				
3	Multiply line 2 by 7.5% (.075).	3	2,475		
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			959

You can keep a record like the following.

Record of medical expenses

	Name of person you paid	Address of person you paid	Amount paid	Date paid	Transportation (mileage, taxi, etc.)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

You should also keep a statement or itemized invoice showing the following.

- What medical care was received.
- Who received the care.
- The nature and purpose of any other medical expenses.
- Who the other medical expenses were for.
- The amount of the other medical expenses and the date of payment.

Do not send these records with your return.

Sale of Medical Equipment or Property

If you deduct the cost of medical equipment or property in one year and sell it in a later year, you may have a taxable gain. The taxable gain is the amount of the selling price that is more than the adjusted basis of the equipment or property.

The adjusted basis is the portion of the cost of the equipment or property that you could not deduct because of the 7.5% limit used to compute the medical deduction. Use Worksheet D, later, to figure the adjusted basis of the equipment or property.

Worksheet D. Adjusted Basis of Medical Equipment or Property Sold

Instructions: Use this worksheet if you deducted the cost of medical equipment or property in one year and sold the equipment or property in a later year. This worksheet will give you the adjusted basis of the equipment or property you sold.

1. Enter the cost of the equipment or property. **1.** _____
2. Enter your total includible medical expenses for the year you included the cost in your medical expenses **2.** _____
3. Divide line 1 by line 2 **3.** _____
4. Enter 7.5% of your AGI for the year the cost was included in your medical expenses **4.** _____
5. Multiply line 3 by line 4. If your allowable itemized deductions for the year you purchased the equipment or property were not more than your AGI for that year, stop here. This is the adjusted basis of the equipment or property. If your allowable itemized deductions for the year you purchased the equipment or property were more than your AGI for that year, complete lines 6 through 11 **5.** _____
6. Subtract line 5 from line 1 **6.** _____
7. Enter your total allowable itemized deductions for the year the cost was included in your medical expenses **7.** _____
8. Divide line 6 by line 7 **8.** _____
9. Enter your AGI for the year the cost was included in your medical expenses **9.** _____
10. Subtract line 9 from line 7 **10.** _____
11. Multiply line 8 by line 10. **11.** _____
12. Add line 5 to line 11. If your allowable itemized deductions for the year you purchased the equipment or property were more than your AGI for that year, this is the adjusted basis of the equipment or property **12.** _____

Next, use Worksheet E to figure the total gain or loss on the sale of the medical equipment or property.

Worksheet E. Gain or Loss On the Sale of Medical Equipment or Property

Instructions: Use the following worksheet to figure total gain or loss on the sale of medical equipment or property that you deducted in an earlier year.

1. Enter the amount that the medical equipment or property sold for **1.** _____
2. Enter your selling expenses **2.** _____
3. Subtract line 2 from line 1 **3.** _____
4. Enter the adjusted basis of the equipment or property from line 5 or Worksheet D, line 12 **4.** _____
5. Subtract line 4 from line 3. This is the total gain or loss from the sale of the medical equipment or property. **5.** _____

If you have a loss, it is not deductible. If you have a gain, it is includible in your income. The part of the gain that is a recovery of an amount you previously deducted is taxable as ordinary income. Enter it on Form 1040, line 21. Any part of the gain that is more than the recovery of an amount you previously deducted is taxable as a capital gain. Enter it on Schedule D (Form 1040), Capital Gains and Losses.

For more information about the recovery of an amount that you claimed as an itemized deduction in an earlier year, see *Recoveries* in Publication 525.

Example. You have a heart condition and difficulty breathing. Your doctor prescribed oxygen equipment to help you breathe. Last year, you bought the oxygen equipment for \$3,000. You itemized deductions and included it in your medical expense deduction.

Last year you also paid \$10,750 for deductible medical services and \$6,400 for other itemized deductions. Your adjusted gross income (AGI) was \$15,000.

Taking into account the 7.5% limit on medical expenses, your allowable itemized deductions totaled \$19,025, figured as follows:

Oxygen equipment	3,000
Medical services	10,750
Total medical expenses	13,750
7.5% of AGI (.075 × \$15,000)	-1,125
Allowable medical expense deduction	12,625
Other itemized deductions	6,400
Allowable itemized deductions	<u>19,025</u>

You figure your adjusted basis as shown on the filled-in Worksheet D.

Worksheet D. Adjusted Basis of Medical Equipment or Property Sold—Illustrated

Instructions: Use this worksheet if you deducted the cost of medical equipment or property in one year and sold the equipment or property in a later year. This worksheet will give you the adjusted basis of the equipment or property you sold.

1. Enter the cost of the equipment or property.	1.	<u>3,000</u>
2. Enter your total includible medical expenses for the year you included the cost in your medical expenses	2.	<u>13,750</u>
3. Divide line 1 by line 2	3.	<u>.218</u>
4. Enter 7.5% of your AGI for the year the cost was included in your medical expenses	4.	<u>1,125</u>
5. Multiply line 3 by line 4. If your allowable itemized deductions for the year you purchased the equipment or property were not more than your AGI for that year, stop here. This is the adjusted basis of the equipment or property. If your allowable itemized deductions for the year you purchased the equipment or property were more than your AGI for that year, complete lines 6 through 11	5.	<u>245</u>
6. Subtract line 5 from line 1	6.	<u>2,755</u>
7. Enter your total allowable itemized deductions for the year the cost was included in your medical expenses	7.	<u>19,025</u>
8. Divide line 6 by line 7	8.	<u>.145</u>
9. Enter your AGI for the year the cost was included in your medical expenses	9.	<u>15,000</u>
10. Subtract line 9 from line 7	10.	<u>4,025</u>
11. Multiply line 8 by line 10.	11.	<u>584</u>
12. Add line 5 to line 11. If your allowable itemized deductions for the year you purchased the equipment or property were more than your AGI for that year, this is the adjusted basis of the equipment or property.	12.	<u>829</u>

This year you sold the oxygen equipment for \$2,025 and you had selling expenses of \$25. You must report on this year's tax return part of the \$2,000 as ordinary income. To compute the part of the sales price that is taxable, you must determine the gain by subtracting the total adjusted basis from the selling price.

Worksheet E. Gain or Loss On the Sale of Medical Equipment or Property—Illustrated

Instructions: Use the following worksheet to figure gain or loss on the sale of medical equipment or property that you deducted in an earlier year.

1. Enter the amount that the medical equipment or property sold for	1.	<u>2,025</u>
2. Enter your selling expenses	2.	<u>25</u>
3. Subtract line 2 from line 1	3.	<u>2,000</u>
4. Enter the adjusted basis of the equipment or property from line 5 or Worksheet D, line 12	4.	<u>829</u>
5. Subtract line 4 from line 3. This is the total gain or loss from the sale of the medical equipment or property.	5.	<u>1,171</u>

Determining gain. The taxable gain is the amount of the selling price that is more than the equipment's adjusted basis. You realized a gain of \$1,171. In this case, the entire amount represents the recovery of an amount previously deducted for federal income tax purposes and is taxable as ordinary income.

Damages for Personal Injuries

If you receive an amount in settlement of a personal injury suit, part of that award may be for medical expenses that you deducted in an earlier year. If it is, you must include that part in your income in the year you receive it to the extent it reduced your taxable income in the earlier year. See *What If You Receive Insurance Reimbursement in a Later Year*, discussed earlier under *How Do You Treat Reimbursements*.

Example. You sued this year for injuries you suffered in an accident last year. You sought \$10,000 for your injuries and did not itemize your damages. Last year, you paid \$500 for medical expenses for your injuries. You deducted those expenses on last year's tax return. This year you settled your lawsuit for \$2,000. Your settlement did not itemize or allocate the damages. The \$2,000 is first presumed to be for the medical expenses that you deducted. The \$500 is includible in your income this year because the entire \$500 was allowed as a medical expense deduction last year.

Future medical expenses. If you receive an amount in settlement of a damage suit for personal injuries, part of that award may be for future medical expenses. If it is, you must reduce any future medical expenses for these injuries until the amount you received has been completely used.

Example. You were injured in an accident. You sued and sought a judgment of \$50,000 for your injuries. You settled the suit for \$45,000. The settlement provided that

\$10,000 of the \$45,000 was for future medical expenses for your injuries. You cannot include the first \$10,000 that you pay for medical expenses for those injuries.

Workers' compensation. If you received workers' compensation and you deducted medical expenses related to that injury, you must include the workers' compensation in income up to the amount you deducted. If you received workers' compensation, but did not deduct medical expenses related to that injury, no workers' compensation is includible in your income.

Impairment-Related Work Expenses

If you are disabled, you can take a business deduction for expenses that are necessary for you to be able to work. If you take a business deduction for these impairment-related work expenses, they are not subject to the 7.5% limit that applies to medical expenses.

You are disabled if you have:

- A physical or mental disability (for example, blindness or deafness) that functionally limits your being employed, or
- A physical or mental impairment (for example, a sight or hearing impairment) that substantially limits one or more of your major life activities, such as performing manual tasks, walking, speaking, breathing, learning, or working.

Impairment-related expenses defined. Impairment-related expenses are those ordinary and necessary business expenses that are:

- Necessary for you to do your work satisfactorily,
- For goods and services not required or used, other than incidentally, in your personal activities, and
- Not specifically covered under other income tax laws.

Where to report. If you are self-employed, deduct the business expenses on the appropriate form (Schedule C, C-EZ, E, or F) used to report your business income and expenses.

If you are an employee, complete Form 2106, Employee Business Expenses, or Form 2106-EZ, Unreimbursed Employee Business Expenses. Enter on Schedule A (Form 1040), line 28, that part of the amount on Form 2106, line 10, or Form 2106-EZ, line 6, that is related to your impairment. Enter the amount that is unrelated to your impairment on Schedule A (Form 1040), line 21. Your impairment-related work expenses are not subject to the 2%-of-adjusted-gross-income limit that applies to other employee business expenses.

Example. You are blind. You must use a reader to do your work. You use the reader both during your regular

working hours at your place of work and outside your regular working hours away from your place of work. The reader's services are only for your work. You can deduct your expenses for the reader as business expenses.

Health Insurance Costs for Self-Employed Persons

If you were self-employed and had a net profit for the year, were a general partner (or a limited partner receiving guaranteed payments), or received wages from an S corporation in which you were a more than 2% shareholder (who is treated as a partner), you may be able to deduct, as an adjustment to income, all of the amount paid for medical and qualified long-term care insurance on behalf of yourself, your spouse, and dependents.

The insurance plan must be established under your trade or business, and you cannot take this deduction to the extent that the amount of the deduction is more than your earned income from that trade or business.

You cannot take this deduction for any month in which you were eligible to participate in any subsidized health plan maintained by your employer or your spouse's employer. This rule is applied separately to plans that provide long-term care insurance and plans that do not provide long-term care insurance.

If you qualify to take the deduction, use the Self-Employed Health Insurance Deduction Worksheet in the Form 1040 instructions to figure the amount you can deduct. But if any of the following applies, do not use the worksheet.

- You had more than one source of income subject to self-employment tax.
- You file Form 2555, Foreign Earned Income, or Form 2555-EZ, Foreign Earned Income Exclusion.
- You are using amounts paid for qualified long-term care insurance to figure the deduction.

If you cannot use the worksheet in the Form 1040 instructions, use the worksheet in Publication 535, Business Expenses, to figure your deduction.

Note. When figuring the amount you can deduct for insurance premiums, do not include any advance payments shown in box 1 of Form 1099-H. Also, if you are claiming the health coverage tax credit, subtract the amount shown on Form 8885, line 4 from the total insurance premiums you paid.

Also, do not include amounts paid for health insurance coverage with retirement plan distributions that were tax-free because you are a retired public safety officer.

Where to report. You take this deduction on Form 1040, line 29. If you itemize your deductions and do not claim 100% of your self-employed health insurance on line 29, include any remaining premiums with all other medical care expenses on Schedule A (Form 1040), subject to the 7.5% limit.

Health Coverage Tax Credit

The health coverage tax credit is available to certain individuals who receive a pension benefit from the Pension Benefit Guaranty Corporation (PBGC) or are eligible trade adjustment assistance (TAA) recipients or eligible alternative trade adjustment assistance (alternative TAA) recipients.

Who Can Take This Credit?

You can take this credit for any month in which all of the following were true on the first day of the month.

1. You were an eligible:
 - a. Trade adjustment assistance (TAA) recipient,
 - b. Alternative TAA recipient, or
 - c. Pension Benefit Guaranty Corporation (PBGC) pension recipient.
2. You paid the premium for qualified health insurance coverage for yourself. See *Qualified Health Insurance*, later.
3. You were not imprisoned under federal, state, or local authority.
4. You did not have other specified coverage. See *Other Specified Coverage*, later.

No credit if exemption claimed by another taxpayer. You cannot take this credit if you can be claimed as an exemption on someone else's tax return.

TAA Recipient

You were an eligible TAA recipient on the first day of the month if, for any day in that month or the prior month, you:

- Received a trade readjustment allowance, or
- Would have been entitled to receive such an allowance except that you had not exhausted all rights to any unemployment insurance (except additional compensation that is funded by a state and is not reimbursed from any federal funds) to which you were entitled (or would be entitled if you applied).

Example. You received a trade readjustment allowance for January 2007. You were an eligible TAA recipient on the first day of January and February.

Alternative TAA Recipient

You were an eligible alternative TAA recipient on the first day of the month if, for that month or the prior month, you received benefits under an alternative trade adjustment assistance program for older workers established by the Department of Labor.

Example. You received benefits under an alternative trade adjustment assistance program for older workers for October 2007. The program was established by the Department of Labor. You were an eligible alternative TAA recipient on the first day of October and November.

Alternative TAA workers. If you are an eligible alternative TAA recipient, you are eligible for this credit for a period up to 2 years if you:

1. Are covered by a qualifying certification,
2. Are reemployed not more than 26 weeks after the date of separation from the adversely affected employment,
3. Are at least 50 years of age,
4. Do not earn more than \$50,000 a year in wages from reemployment,
5. Are employed on a full-time basis, and
6. Do not return to the employment from which you were separated.

PBGC Pension Recipient

You were an eligible PBGC pension recipient on the first day of the month, if both of the following apply.

1. You were age 55 or older on the first day of the month.
2. You received a benefit for that month that was paid by the PBGC under title IV of the Employee Retirement Income Security Act of 1974 (ERISA).

Lump-sum payment. Item (2) above will also apply if you received a lump-sum payment from the PBGC after August 5, 2002, for any month that you would have received a PBGC benefit if you had not received a lump-sum payment.

Qualifying Family Member

You can include the premiums you pay for qualified health insurance for qualifying family members in figuring your credit. A qualifying family member is:

- Your spouse (but see *Married persons filing separate returns* below), or
- Anyone whom you can claim as a dependent on your tax return. (For children whose parents are divorced, see *Children of divorced parents*, later.)

However, if any otherwise qualifying family member has other specified coverage (defined later), then that person is not a qualifying family member.

Married persons filing separate returns. Your spouse is not treated as a qualifying family member if your filing status is married filing separately and either (1) or (2) below applies.

1. Your spouse was an eligible TAA recipient, alternative TAA recipient, or PBGC pension recipient during the year.
2. All of the following apply:
 - a. You lived apart from your spouse during the last 6 months of the year.
 - b. A qualifying family member (other than your spouse) lived in your home for more than half the year.
 - c. You provided over half the cost of keeping up your home.

Married and living apart. For purposes of this credit, you are not considered married on the last day of the year if all of the following apply.

- You file a separate return.
- Your home is the home for more than half the year of a dependent under age 13 or a dependent who is physically or mentally not able to care for himself or herself.
- You pay more than half the cost of keeping up your home for the year.
- Your spouse does not live in your home for the last 6 months of the year.

Legally separated. You are not considered married if you are legally separated from your spouse under a decree of divorce or separate maintenance. You can claim the credit on a separate return.

Children of divorced parents. You may be able to take the credit based on amounts paid for qualified health insurance expenses of your child even if the child is not your dependent. If your child is not your dependent, he or she is a qualifying family member only if all of the following apply.

- The parents are divorced or legally separated or lived apart at all times during the last 6 months of the year.
- The child received over half of his or her support for the year from the parents (without regard to the rules on multiple support agreements). See the discussion of multiple support agreements at *Support claimed under a multiple support agreement* earlier under *Whose Medical Expenses Can You Include*.
- The child is in custody of one or both of the parents for more than half of the year.
- A decree of divorce or separate maintenance or written separation agreement that applies to 2007 provides that (a) the noncustodial parent can claim the exemption for the child, or (b) the custodial parent will sign a written declaration that he or she will not claim the child as a dependent for 2007. If the divorce or separation agreement went into effect

before 1985, this requirement is met if the noncustodial parent provides at least \$600 for the support of the child for the year.

The noncustodial parent is the parent with whom the child lived for the lesser portion of the year.

If this exception applies, the other parent cannot treat the child as a qualifying family member for purposes of the HCTC, even though that parent claims the child as a dependent.

If you can treat the child as a qualifying family member for purposes of the HCTC, even though you do not claim the child as your dependent, the child must also meet all of the other conditions of a qualifying family member.

Qualified Health Insurance

The following health insurance qualifies for the credit.

- COBRA continuation coverage. (This is coverage that employers with 20 or more employees must offer to employees or former employees and their beneficiaries who have lost coverage because of certain events.)
- Coverage under a group health plan that is available through the employment of your spouse. (But see *Other Specified Coverage*, later.)
- Coverage under an individual health insurance policy if you were covered during the entire 30-day period that ends on the date you separated from the employment which qualified you for the allowance or benefit as an eligible individual (defined earlier). For this purpose, coverage under an individual health insurance policy includes medical insurance offered to individuals and their families, but does not include coverage under a federal, state, or other group health insurance policy.

State-qualified health insurance. The following health insurance qualifies for the credit to the extent the sponsoring state elects to have it apply.

- State-based continuation coverage provided by the state under a state law that requires such coverage.
- Coverage offered through a qualified state high-risk pool.
- Coverage under a health insurance program offered to state employees or a similar state-based health insurance program.
- Coverage through an arrangement entered into by the state and a group health plan, an issuer of health insurance coverage, an administrator, or an employer.
- Coverage offered through a state arrangement with a private sector health care coverage purchasing pool.
- Coverage under a state-operated health plan that does not receive any federal financial participation.

To find out which plans are qualified for your state, you can:

- Visit the website, *www.irs.gov*, type “hctc: list of state-qualified health plans” in the search box, click on “search,” and then, click on *HCTC: List of State-Qualified Health Plans*, or
- You can call 1-866-628-4282 (tollfree) (or TDD/TTY 1-866-626-4282).

Nonqualified Health Insurance

The following health insurance does not qualify for the credit.

1. Medicare supplemental (Medigap) insurance, Tricare supplemental insurance, or similar supplemental insurance to an employer-sponsored group health plan.
2. Any insurance if substantially all of the coverage is:
 - a. Coverage for on-site medical clinics,
 - b. Hospital indemnity or other fixed indemnity insurance,
 - c. Accident or disability income insurance (or a combination of the two),
 - d. Liability insurance,
 - e. A supplement to liability insurance,
 - f. Workers’ compensation or similar insurance,
 - g. Automobile medical payment insurance,
 - h. Credit-only insurance,
 - i. Limited scope dental or vision benefits,
 - j. Benefits for long-term care, nursing home care, home health care, community-based care (or any combination), or
 - k. Coverage for only a specified disease or illness.
3. Coverage under a flexible spending or similar arrangement.

Insurance that covers other individuals. If you have qualified health insurance that covers anyone besides yourself and your qualifying family member(s), (defined earlier), you may not be able to take into account all of your payments. You cannot treat an amount as paid for insurance for yourself and qualifying family members unless all of the following requirements are met.

- The charge for insurance for yourself and qualifying family members is either separately stated in the contract or furnished to you by the insurance company in a separate statement.
- The amount you paid for insurance for yourself and qualifying family members is not more than the

charge that is stated in the contract or furnished by the insurance company.

- The amount stated in the contract or furnished by the insurance company is not unreasonably large in relation to the total charges under the contract.

Eligible Coverage Month

Eligibility for the credit is determined on a monthly basis. An eligible coverage month is any month in which, as of the first day of the month, you:

1. Are an eligible TAA recipient, eligible alternative TAA recipient, or eligible PBGC recipient (see *TAA Recipient*, *Alternative TAA Recipient*, or *PBGC Pension Recipient* earlier),
2. Are covered by qualified health insurance (defined earlier) that you pay for,
3. Do not have other specified coverage (defined later), and
4. Are not imprisoned under federal, state, or local authority.

If you file a joint return, only one spouse has to satisfy the requirements.

Other Specified Coverage

Even if you are otherwise eligible, you are not eligible for the credit for a month if, as of the first day of the month, you have other specified coverage. Other specified coverage is coverage under the following.

1. Any insurance which constitutes medical care (unless substantially all of that insurance is for benefits listed earlier under (1) or (2) under *Nonqualified Health Insurance*) if at least 50% of the cost of the coverage is paid by an employer (or former employer) of you or your spouse.
2. Any of the following government health programs:
 - a. Medicare Part A or Part B,
 - b. Medicaid, or the State Children’s Health Insurance Program (SCHIP),
 - c. The Federal Employees Health Benefit Plan (FEHBP), or
 - d. Tricare, the medical and dental care program for members and certain former members of the uniformed services and their dependents.

Benefits from the Veterans Administration. Entitlement to or receipt of benefits from the Veterans Administration is not other specified coverage.



Two important points here are that you are not entitled to the credit for a month, if on the first day of that month, you are either:

1. Covered by Medicare, or
2. Covered by a group health plan available through your or your spouse's employer and the employer contributes 50% or more of the premium.

How To Report

To claim the credit, complete Form 8885, and attach it to your Form 1040; Form 1040NR, U.S. Nonresident Alien Income Tax Return; Form 1040-SS, U.S. Self-Employment Tax Return; or Form 1040-PR, Planilla para la Declaración de la Contribución Federal sobre al Trabajo por Cuenta Propia. You cannot claim the credit on Form 1040A, Form 1040EZ, or Form 1040NR-EZ, U.S. Income Tax Return for Certain Nonresident Aliens With No Dependents.

Required documents. You must attach to your tax return the documents listed below.

All health plans. For all health plans you must include both of the following.

1. A copy of your health insurance bills or COBRA payment coupons. The bills must have:
 - a. Your name,
 - b. The name of your health plan,
 - c. Your monthly premium amount,
 - d. Dates of coverage, and
 - e. Your health plan identification number.
2. Proof of payment, such as:
 - a. Canceled checks,
 - b. Bank statements, or
 - c. Credit card statements.

COBRA coverage. You must include the information listed above under *All health plans* and one of the following documents.

1. A copy of your completed and signed COBRA Election Letter. It may also be called a COBRA Enrollment Form, Application Form, Enrollment Application for Continuing Coverage, or Election Agreement.
2. A letter from your former employer or COBRA administrator saying you have COBRA coverage. The letter must have:
 - a. The COBRA coverage start and end dates,
 - b. Name of the health plan,
 - c. Your home address, and

d. Covered family members, their dates of birth, their relationship to you, and their social security numbers.

3. A copy of "Notice of Rights to Continue Coverage." Your former employer should have provided you with a copy of this notice.

Non-group (individual) health plans. You must include the information listed above under *All health plans* and both of the following documents.

- A letter or other document from your former employer or your unemployment office that shows the date you left your job.
- A document from your health plan that shows your first date of coverage. Your first day of coverage in a non-group (individual) health plan must have been at least 30 days before you left your job.

Coverage through your spouse's employer. You must include the information listed above under *All health plans* and the following documents.

- Copies of paycheck stubs showing the health coverage deductions for the qualified months.
- A letter or other statement from your spouse's employer that states the employer contributed less than 50% of the cost of the coverage.

E-filed return. If you *e-file*, you must attach a copy of the required documents to Form 8453, U.S. Individual Income Tax Transmittal for an IRS *e-file* Return, or Form 8453-OL, U.S. Individual Income Tax Declaration for an IRS *e-file* Online Return.

No double benefit. If you claim this credit, you cannot take the same expenses that you use to figure your health coverage tax credit into account in determining your:

- Medical and dental expenses on Schedule A (Form 1040), or
- Self-employed health insurance deduction.

You cannot use payments out of the following distributions to figure the credit:

- Health Savings Accounts (HSAs), or
- Archer Medical Savings Accounts (MSAs).

Refundable Credit

The HCTC credit is refundable. You can claim the full credit even if you do not owe any taxes or earn any income. To get the credit, you must:

1. Qualify for the credit, and
2. File a tax return, even if you:
 - a. Do not owe any tax,

- b. Did not earn enough money to file a return, or
- c. Did not have income taxes withheld from your pay.

See *How To Report* earlier for instructions on how to claim this credit.

Advance Payments

You can either take this credit on your tax return or have it paid on your behalf in advance to your insurance company. Your payments and any payments paid on your behalf in advance are treated as having been made on the first day of the month for which they are made.

You can get your credit in advance by calling the HCTC customer contact center at 1-866-628-4282 (tollfree) (or TDD/TTY 1-866-626-4282) to register. The Treasury Department will pay your insurer 65% of your health insurance premiums as you pay the remaining 35%.

How To Get Tax Help

You can get help with unresolved tax issues, order free publications and forms, ask tax questions, and get information from the IRS in several ways. By selecting the method that is best for you, you will have quick and easy access to tax help.

Contacting your Taxpayer Advocate. The Taxpayer Advocate Service (TAS) is an independent organization within the IRS whose employees assist taxpayers who are experiencing economic harm, who are seeking help in resolving tax problems that have not been resolved through normal channels, or who believe that an IRS system or procedure is not working as it should.

You can contact the TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059 to see if you are eligible for assistance. You can also call or write to your local taxpayer advocate, whose phone number and address are listed in your local telephone directory and in Publication 1546, Taxpayer Advocate Service - Your Voice at the IRS. You can file Form 911, Request for Taxpayer Advocate Service Assistance (And Application for Taxpayer Assistance Order), or ask an IRS employee to complete it on your behalf. For more information, go to www.irs.gov/advocate.

Taxpayer Advocacy Panel (TAP). The TAP listens to taxpayers, identifies taxpayer issues, and makes suggestions for improving IRS services and customer satisfaction. If you have suggestions for improvements, contact the TAP, toll free at 1-888-912-1227 or go to www.improveirs.org.

Low Income Taxpayer Clinics (LITCs). LITCs are independent organizations that provide low income taxpayers with representation in federal tax controversies with the IRS for free or for a nominal charge. The clinics also provide tax education and outreach for taxpayers with limited English proficiency or who speak English as a second language. Publication 4134, Low Income Taxpayer

Clinic List, provides information on clinics in your area. It is available at www.irs.gov or at your local IRS office.

Free tax services. To find out what services are available, get Publication 910, IRS Guide to Free Tax Services. It contains a list of free tax publications and describes other free tax information services, including tax education and assistance programs and a list of TeleTax topics.

Accessible versions of IRS published products are available on request in a variety of alternative formats for people with disabilities.



Internet. You can access the IRS website at www.irs.gov 24 hours a day, 7 days a week to:

- *E-file* your return. Find out about commercial tax preparation and *e-file* services available free to eligible taxpayers.
- Check the status of your 2007 refund. Click on *Where's My Refund*. Wait at least 6 weeks from the date you filed your return (3 weeks if you filed electronically). Have your 2007 tax return available because you will need to know your social security number, your filing status, and the exact whole dollar amount of your refund.
- Download forms, instructions, and publications.
- Order IRS products online.
- Research your tax questions online.
- Search publications online by topic or keyword.
- View Internal Revenue Bulletins (IRBs) published in the last few years.
- Figure your withholding allowances using the withholding calculator online at www.irs.gov/individuals.
- Determine if Form 6251 must be filed using our Alternative Minimum Tax (AMT) Assistant.
- Sign up to receive local and national tax news by email.
- Get information on starting and operating a small business.



Phone. Many services are available by phone.

- *Ordering forms, instructions, and publications.* Call 1-800-829-3676 to order current-year forms, instructions, and publications, and prior-year forms and instructions. You should receive your order within 10 days.
- *Asking tax questions.* Call the IRS with your tax questions at 1-800-829-1040.
- *Solving problems.* You can get face-to-face help solving tax problems every business day in IRS Taxpayer Assistance Centers. An employee can explain

IRS letters, request adjustments to your account, or help you set up a payment plan. Call your local Taxpayer Assistance Center for an appointment. To find the number, go to www.irs.gov/localcontacts or look in the phone book under *United States Government, Internal Revenue Service*.

- **TTY/TDD equipment.** If you have access to TTY/TDD equipment, call 1-800-829-4059 to ask tax questions or to order forms and publications.
- **TeleTax topics.** Call 1-800-829-4477 to listen to pre-recorded messages covering various tax topics.
- **Refund information.** To check the status of your 2007 refund, call 1-800-829-4477 and press 1 for automated refund information or call 1-800-829-1954. Be sure to wait at least 6 weeks from the date you filed your return (3 weeks if you filed electronically). Have your 2007 tax return available because you will need to know your social security number, your filing status, and the exact whole dollar amount of your refund.

Evaluating the quality of our telephone services. To ensure IRS representatives give accurate, courteous, and professional answers, we use several methods to evaluate the quality of our telephone services. One method is for a second IRS representative to listen in on or record random telephone calls. Another is to ask some callers to complete a short survey at the end of the call.



Walk-in. Many products and services are available on a walk-in basis.

- **Products.** You can walk in to many post offices, libraries, and IRS offices to pick up certain forms, instructions, and publications. Some IRS offices, libraries, grocery stores, copy centers, city and county government offices, credit unions, and office supply stores have a collection of products available to print from a CD or photocopy from reproducible proofs. Also, some IRS offices and libraries have the Internal Revenue Code, regulations, Internal Revenue Bulletins, and Cumulative Bulletins available for research purposes.
- **Services.** You can walk in to your local Taxpayer Assistance Center every business day for personal, face-to-face tax help. An employee can explain IRS letters, request adjustments to your tax account, or help you set up a payment plan. If you need to resolve a tax problem, have questions about how the tax law applies to your individual tax return, or you're more comfortable talking with someone in person, visit your local Taxpayer Assistance Center where you can spread out your records and talk with an IRS representative face-to-face. No appointment is necessary, but if you prefer, you can call your local Center and leave a message requesting an appointment to resolve a tax account issue. A representative will call you back within 2 business days to

schedule an in-person appointment at your convenience. To find the number, go to www.irs.gov/localcontacts or look in the phone book under *United States Government, Internal Revenue Service*.



Mail. You can send your order for forms, instructions, and publications to the address below. You should receive a response within 10 days after your request is received.

National Distribution Center
P.O. Box 8903
Bloomington, IL 61702-8903



CD/DVD for tax products. You can order Publication 1796, IRS Tax Products CD/DVD, and obtain:

- Current-year forms, instructions, and publications.
- Prior-year forms, instructions, and publications.
- Bonus: Historical Tax Products DVD - Ships with the final release.
- Tax Map: an electronic research tool and finding aid.
- Tax law frequently asked questions.
- Tax Topics from the IRS telephone response system.
- Fill-in, print, and save features for most tax forms.
- Internal Revenue Bulletins.
- Toll-free and email technical support.
- The CD which is released twice during the year.
 - The first release will ship the beginning of January 2008.
 - The final release will ship the beginning of March 2008.

Purchase the CD/DVD from National Technical Information Service (NTIS) at www.irs.gov/cdorders for \$35 (no handling fee) or call 1-877-CDFORMS (1-877-233-6767) toll free to buy the CD/DVD for \$35 (plus a \$5 handling fee). Price is subject to change.



CD for small businesses. Publication 3207, The Small Business Resource Guide CD for 2007, is a must for every small business owner or any taxpayer about to start a business. This year's CD includes:

- Helpful information, such as how to prepare a business plan, find financing for your business, and much more.
- All the business tax forms, instructions, and publications needed to successfully manage a business.
- Tax law changes for 2007.
- Tax Map: an electronic research tool and finding aid.
- Web links to various government agencies, business associations, and IRS organizations.

- “Rate the Product” survey—your opportunity to suggest changes for future editions.
- A site map of the CD to help you navigate the pages of the CD with ease.
- An interactive “Teens in Biz” module that gives practical tips for teens about starting their own business, creating a business plan, and filing taxes.

An updated version of this CD is available each year in early April. You can get a free copy by calling 1-800-829-3676 or by visiting www.irs.gov/smallbiz.



A		
Abortion	5	
Acupuncture	5	
Adopted child's medical expenses	4	
AGI limitation	2, 3	
Alcoholism	5	
Alternative trade adjustment assistance recipient:		
Health coverage tax credit	25	
Ambulances	5	
Archer MSAs:		
Health coverage tax credit	28	
Medical expenses paid for decedent from	5	
Artificial limbs	5	
Artificial teeth	5	
Aspirin	16	
Assistance (See Tax help)		
Assisted living homes	12	
Athletic club dues	15	
Autoettes	14	
Automobiles (See Cars)		
B		
Baby sitting	15	
Bandages	5	
Basis:		
Medical equipment or property (Worksheet D)	22	
Birth control pills	6	
Braille books and magazines	6	
Breast reconstruction surgery	6	
C		
Calculation of deduction	20	
Capital expenses	6	
Improvements to property rented by disabled persons	7	
Operation and upkeep	7	
Worksheet A	6	
Cars	7	
Out-of-pocket expenses	13	
Child care	15	
Children, missing:		
Photographs of, included in IRS publications	1	
Children's medical expenses:		
Adopted child	4	
Dependents	3	
Health coverage tax credit	26	
Chiropractors	7	
Christian Science practitioners	7	
Chronically ill persons	10	
Comments on publication	2	
Community property states	3	
Computer data banks to track medical information	11	
Contact lenses	7	
Controlled substances	15	
Cosmetic surgery	15	
Credit (See Health coverage tax credit)		
Crutches	7	
D		
Damages, personal injury	23	
Dancing lessons	15	
Decedents:		
Medical and dental expenses	5	
Deductible amount	3	
Deductible expenses	3-14	
Definition of medical expenses	2	
Dental treatment	7	
Artificial teeth	5	
Teeth whitening	16	
Dentures	5	
Dependents:		
Adopted child	4	
Claimed as a dependent on someone else's return	3	
Disabled dependent care	7, 10	
Medical expenses	3	
Multiple support agreement	4	
Qualifying child	3	
Qualifying relative	3	
Diagnostic devices	7	
Diaper services	15	
Disabilities, persons with:		
Dependent care expenses	7, 10	
Improvements to property rented by	7	
Special education	13	
Divorced taxpayers:		
Health coverage tax credit for children	26	
Medical expenses of child	4	
Drug addiction	8	
Drugs (See Medicines)		
Dues:		
Health club	15	
E		
Education, special	13	
Eggs, temporary storage of	8	
Electrolysis	15	
Employer-sponsored health insurance plans	9	
Employment taxes	12	
Equipment (See Medical equipment or property)		
Excess reimbursements (See Reimbursements)		
Excluded expenses:		
Insurance premiums	9	
Eye surgery	8	
Eyeglasses	8	
F		
Fertility enhancement	8	
Figuring the deduction	20-21	
Final return for decedent:		
Medical expenses paid	5	
Flexible spending account	15	
Food (See Weight-loss programs)		
Form 1040:		
Health coverage tax credit	28	
Self-employed persons, health insurance costs	24	
Form 1040, Schedule A:		
Impairment-related work expenses	24	
Medical and dental expenses	2, 20	
Self-employed persons, health insurance costs	24	
Form 1040, Schedule C:		
Impairment-related work expenses	24	
Form 1040, Schedule C-EZ:		
Impairment-related work expenses	24	
Form 1040, Schedule E:		
Impairment-related work expenses	24	
Form 1040, Schedule F:		
Impairment-related work expenses	24	
Form 1040NR:		
Health coverage tax credit	28	
Form 1040X:		
Amended individual return	3	
Deceased taxpayer	5	
Form 1099-H:		
Self-employed persons, health insurance costs	24	
Form 2106:		
Impairment-related work expenses	24	

Form 2106-EZ:			Lodging (<i>See also</i> Travel and transportation expenses)	10, 13
Impairment-related work expenses	24			
Form 2555:			Long-term care	10
Self-employed persons, health insurance costs	24		Chronically ill individuals	10
Form 2555-EZ:			Maintenance and personal care services	11
Self-employed persons, health insurance costs	24		Qualified insurance contracts	11
Form 8453:			Qualified services	10
Health coverage tax credit	28			
Form 8885:				
Health coverage tax credit	28			
Self-employed persons, health insurance costs	24			
Founder's fee (<i>See</i> Lifetime care, advance payments)				
Free tax services	29			
Funeral expenses	15			
Future medical care	10, 15			
<hr/>				
G				
Glasses	8			
Guide dog or other animal	8			
<hr/>				
H				
Hair:				
Removal	15			
Transplants	15			
Wigs	14			
Health club dues	15			
Health coverage tax credit	15, 25			
Advance payments	29			
Alternative TAA recipient	25			
Alternative TAA workers	25			
Archer MSAs	28			
Children of divorced parents	26			
Eligible coverage month	27			
Insurance that covers other individuals	27			
Legally separated	26			
Married persons filing separate returns	25			
Nonqualified health insurance	27			
Other specified coverage:				
Benefits from the Veterans Administration	27			
PBGC pension recipient	25			
Lump-sum payment	25			
Qualified health insurance	26			
Qualifying family member	25			
Refundable credit	28			
Reporting	28			
State-qualified health insurance	26			
TAA recipient	25			
Health institutes	8			
		Health insurance:		
		Credit (<i>See</i> Health coverage tax credit)		
		Employer-sponsored plan	9	
		Premiums:		
		Deductible	8	
		Nondeductible	9	
		Paid by employer	18	
		Paid by employer and you	17	
		Paid by you	17	
		Prepaid	9	
		Unused sick leave used to pay	9	
		Reimbursements (<i>See</i> Reimbursements)		
		Self-employed persons	24	
		Health maintenance organizations (HMOs)	8	
		Health reimbursement arrangements (HRAs)	17	
		Health Savings Accounts (HSAs):		
		Payments from	15	
		Hearing aids	8	
		Hearing-impaired persons:		
		Guide dog or other animal for	8	
		Help (<i>See</i> Tax help)		
		HMOs (Health maintenance organizations)	8	
		Home care (<i>See</i> Nursing services)		
		Home improvements (<i>See</i> Capital expenses)		
		Hospital services	8	
		Hotels	10	
		Household help	15	
		HRAs (Health reimbursement arrangements)	17	
		<hr/>		
		I		
		Illegal operations and treatments	16	
		Illegal substances	15	
		Impairment-related work expenses	24	
		Definition	24	
		Reporting of	24	
		In vitro fertilization	8	
		Insulin	16	
		Insurance (<i>See</i> Health insurance)		
		<hr/>		
		L		
		Laboratory fees	10	
		Laser eye surgery	8	
		Lead-based paint removal	10	
		Learning disabilities	13	
		Legal fees	10	
		Lessons, dancing and swimming	15	
		Lifetime care:		
		Advance payments for	10	
		M		
		Maintenance and personal care services	11	
		Maternity clothes	16	
		Meals (<i>See also</i> Weight-loss programs)	11, 14	
		Medical conferences	11	
		Medical equipment or property:		
		Adjusted basis (Worksheet D)	22	
		Gain or loss (Worksheet E)	23	
		Sale of	21	
		Medical expense records	20	
		Medical information plans	11	
		Medical savings accounts (MSAs)	16	
		Medicare:		
		Medicare A, deductible expense	9	
		Medicare B, deductible expense	9	
		Medicines	11	
		Imported	11, 16	
		Nonprescription drugs and medicines	16	
		Mentally retarded persons:		
		Special homes for	12	
		Mileage rates	1	
		Missing children:		
		Photographs of, included in IRS publications	1	
		More information (<i>See</i> Tax help)		
		Multiple support agreements	4	
		<hr/>		
		N		
		Nondeductible expenses	14-16	
		Nonprescription drugs and medicines	16	
		Nursing homes	12	
		Nursing services	12, 15	
		Chronically ill individuals	10	
		Nutritional supplements	16	
		<hr/>		
		O		
		Operations	12	
		Cosmetic surgery	15	
		Eye surgery	8	

Operations (Cont.)	
Illegal operations and treatments	16
Optometrist services	8
Organ donors	13
Osteopaths	12
Oxygen	12

P	
Paint removal, for lead-based	10
Parking fees and tolls	13
Patterning exercises	13
Personal injury damages	23
Personal use items	16
Physical therapy	13
Plastic surgery	15
Premiums (See Health insurance)	
Prepaid insurance premiums	9
Prosthesis	5
Psychiatric care	12
Psychoanalysis	12
Psychologists	12
Publications (See Tax help)	

R	
Radial keratotomy	8
Recordkeeping	20
Rehabilitation facilities	12
Reimbursements	17-20
Excess includible in income:	
When more than one policy (Worksheet C)	19
When one policy (Worksheet B)	18
Excess may be taxable (Figure 1)	17
Health Reimbursement Arrangement (HRA)	17
Insurance	17
Medical expenses not deducted	19
More than one policy	18
Received in later year	20

Rental property:	
Improvements to	7

Reporting:	
Health coverage tax credit	28
Impairment-related work expenses	24
Medical and dental expenses	20
Medical deduction (See Form 1040, Schedule A)	
Self-employed persons, health insurance costs	24

S	
Sale of medical equipment or property	21-23
Adjusted basis (Worksheet D)	22
Gain or loss (Worksheet E)	23
Schedules (See Form 1040)	
Seeing-eye dogs	8

Self-employed persons:	
Health coverage tax credit	28
Health insurance costs	24

Senior housing	12
-----------------------------	----

Separate returns:	
Community property states	3
Medical and dental expenses	3

Separated taxpayers:	
Health coverage tax credit	26
Medical expenses of child	4

Sick leave:	
Used to pay health insurance premiums	9

Special education	13
--------------------------------	----

Spouse's medical expenses	3
Deceased spouse	5

Standard mileage rates:	
Medical reasons for use of car	1

Sterilization	13
----------------------------	----

Stop-smoking programs	13
------------------------------------	----

Suggestions for publication	2
--	---

Surgery (See Operations)	
---------------------------------	--

Swimming lessons	15
-------------------------------	----

T	
Tables and figures:	
Medical equipment or property:	
Adjusted basis (Worksheet D)	22
Gain or loss (Worksheet E)	23
Reimbursements, excess includible in income:	
When more than one policy (Worksheet C)	19
When one policy (Worksheet B)	18
Reimbursements, excess may be taxable (Figure 1)	17

Tax help	29
-----------------------	----

Taxpayer Advocate	29
--------------------------------	----

Teeth:	
Artificial	5
Dental treatment	7
Whitening	16

Telephone	13
------------------------	----

Television	13
-------------------------	----

Therapy	13
Transplants	13

Travel and transportation expenses	13
Car expenses	13
Includible expenses	13, 14
Parking fees and tolls	13
Standard mileage rate for car use for medical	1

Trips	14
--------------------	----

TTY/TDD information	29
----------------------------------	----

Tuition	14
----------------------	----

V	
Vasectomy	14
Veterinary fees	16
Vision correction surgery	8
Visually-impaired persons:	
Guide dog or other animal for	8

W	
Weight-loss programs	14, 16

What's new:	
Health insurance for public safety officer	1
Standard mileage rate	1

Wheelchairs	14
--------------------------	----

Wigs	14
-------------------	----

Work expenses:	
Disabled dependent care	7
Impairment-related	24

Workers' compensation	24
------------------------------------	----

Worksheets:	
Capital expenses (Worksheet A)	6
Medical equipment or property:	
Adjusted basis (Worksheet D)	22
Gain or loss (Worksheet E)	23
Reimbursements, excess includible in income:	
When more than one policy (Worksheet C)	19
When one policy (Worksheet B)	18

X	
X-rays	14