MEDICAL CARE EXPENSE WORKSHEET

	\Rightarrow Anticipated Medical Expenses		⇒ Anticipated Vision Expenses	
	Copays		Copays	
	Deductibles		Deductibles	
	Physical Examinations		Eye Exams	
	Prescription Drugs		Contact Lenses/Supplies	
	Surgical Fees		Laser Eye Surgery	
	X-ray or Lab Fees		Prescription Eyeglasses or Sunglasses	
	Other			
	\Rightarrow Anticipated Dental Expenses \Rightarrow Other Anticipated Expenses			
	Copays		Acupuncture	
	Deductibles		Chiropractic Care	
	Dentist / Orthodontist Svcs.		Hearing Aids & Batteries	
	Dentures		Immunization Fees	
	Crowns, Caps, Bridges		Smoking Cessation Classes	
	Cleanings		Other	
	Braces / Retainers			
	⇒Total Estimated Expenses			
	Divide the above figure by the number of pay periods to determine the amount per pay period			
DEPENDENT/ELDER CARE EXPENSE WORKSHEET				
1.				
2.	2. Approximate Annual Day Camp expenses (Must exclude cost of overnight) ⇒			
3.	TOTAL ESTIMATED ANNUAL EXPENSES	S	\Rightarrow	
Divide the above figure by the number of pay periods to determine the amount per pay period				

Many households with earnings of \$24,000.00 or more find the Dependent/Elder Care Reimbursement Account more advantageous than the tax credit. H R Support & Consulting Services, Inc. urges you to consult with your tax advisor.