* Please note, you do not need to provide 2023 amounts.
* Do not enter commas (,) when entering amounts - formatting will be handled automatically.

# Itemized Deductions - Medical and Dental Expenses

## Other Medical and Dental Expenses

| Description | T S J | 2024 Amount | 2023 Amount |
|---|---|---|---|
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|---|---|---|---|
| Total Insurance Reimbursement for 2024 | | | |
| Number of Miles Traveled for Medical Care | | | |

| | | |
|---|---|---|
| Taxpayer long-term care insurance premiums paid _____ | | |
| Spouse long-term care insurance premiums paid _____ | | |