

TAX ATTENDANT

JAY H. KLEIN JR.

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MEDICAL

FOR YOU, YOUR SPOUSE, ANY DEPENDENT YOU DECLARE

Diagnose, cure, treat, improve, or prevent an illness or disease. Out of pocket expenses, must be over 7.5% of your adjusted gross income. Credit was extended. NJ Residents! - your number is only 2% - so fill this page out & send in for a higher refund.

YOUR INFORMATION

Name (First, Middle, Last) _____

Email _____ Phone _____

PREMIUMS

Medical _____ Dental _____ Vision _____ Long Term Care _____ Deductibles _____

PROFESSIONAL

Doctors _____ Dental _____ Vision _____ Chiro _____ Acupuncture _____ Psych _____ PT _____

VISION

Glasses _____ Readers _____ Contacts _____ Saline _____ Cleaners _____ Laser Surgery _____

FACILITIES

Hospital _____ Clinics _____ Drug Rehab _____ Alcohol _____ Nursing Home _____

LABS

Blood _____ Metabolic _____ Lyme _____ Pap Smear _____ Skin Test _____ Biopsy _____

SCANS

MRI _____ Cat Scan _____ Cardio _____ Colonoscopy _____ Mammogram _____ Other _____

MEDICATIONS

RX _____ Scripted Herbs _____ Asthma _____ Epi Pens _____ Birth Control _____ Other _____

EQUIPMENT

Wheelchair _____ Crutch _____ Walker _____ Cane _____ Bath Set _____ Wigs _____ Oxygen _____

OTHER

Support Hose _____ Blood Sugar/BP Kit _____ Hearing Aid _____ Guide Dog _____ Service Animal _____

CAPITAL IMPVTS

Ramps _____ Handicap Bars _____ Walk In Showers _____ Interior Modifications _____

CLASSES

Stop Smoke _____ Dyslexia Programs _____ Testing _____ Weight Loss _____ Other _____

CONCEPTION

Fertility Treatments _____ Pregnancy Test _____ Child Birth _____ Breast Pumps _____ Abortion _____

TRAVEL

Total Miles (17 cents/mile) _____ Parking _____ Taxi _____ Ambulance _____ Meals _____ Hotel _____

REIMBURSEMENTS

Flexible Spending Accounts (FSA) _____ Health Saving Account (HSA) _____

DEDUCTIONS NOT ALLOWED

Health club fees. Vitamins. Cosmetic surgery. Teeth whitening. Maternity clothes. Funeral expenses. Vet fees. Herbal & Diet food - unless for a specific disease & you have a script. Lost gym club memberships.