Whistler Tax Solutions
Rowena Vincent-Nordin BSC & Associates

worksheet
A4

# Other Medical expenses worksheet

**Name:** _____ **Tax Year:** _____

This form is for medical expenses outside of those common expenses noted on form A3.

Please explain briefly what the expense is for in the expense column (e.g., specialized care in a nursing home or Ambulance service), calculate the total you spent on the expense over the 12 months period in question and enter the total in the Amount column line.

If we need more information about any of your expenses, we will be in touch.

| Expense | Amount |
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