

### Unreimbursed Medical Care Expenses Worksheet (Ohio Schedule of Adjustments, Line 36)

**Only include amounts you paid for yourself, your spouse, and your dependents. Include a copy with your return.**

1. Enter amounts paid for unreimbursed dental, vision, and health insurance premiums paid during any portion of the year in which you were **not** eligible for Medicare or an employer-paid health care plan through your or your spouse's employer (See Note).....1. \_\_\_\_\_
2. Enter amounts paid for unreimbursed long-term care insurance premiums (See Note).....2. \_\_\_\_\_
3. Enter amounts paid for unreimbursed dental, vision, and health insurance premiums paid during any portion of the year in which you **were** eligible for Medicare or an employer-paid health care plan through your or your spouse's employer (See Note).....3. \_\_\_\_\_
4. Enter amounts paid for medical care during the year (do not include any amounts reported on lines 1-3).....4. \_\_\_\_\_
5. Add lines 3 and 4.....5. \_\_\_\_\_
6. Enter your federal adjusted gross income (Ohio IT 1040, line 1). If less than zero, enter zero.....6. \_\_\_\_\_
7. Line 6 times 7.5% (0.075).....7. \_\_\_\_\_
8. Line 5 minus line 7. If less than zero, enter zero.....8. \_\_\_\_\_
9. Add lines 1, 2, and 8. Enter on Ohio Schedule of Adjustments, line 36.....9. \_\_\_\_\_

**Note:** Any amounts entered representing insurance premiums must be reduced by any related premium refunds, related premium reimbursements or related insurance premium dividends received during the year.

**Line 1:** You must reduce the amount you enter on this line by your federal self-employed health insurance deduction (federal 1040, Schedule 1, line 17).

For purposes of this line, "health insurance premiums" includes amounts you paid for health insurance under the Affordable Care Act, even if you received a federal subsidy for purchasing it.

**Example 1:** From January 1 through June 30, Dan was not eligible for Medicare or health insurance through his employer. Dan paid \$100 per month in premiums, totaling \$600, for insurance he obtained under the Affordable Care Act. Dan became eligible for Medicare on July 1. He began to pay Medicare Part B premiums as well as premiums for supplemental health insurance. Dan can enter only \$600 on line 1 of the worksheet.

**Line 2:** Long-term care insurance plans include those that cover the costs of nursing home care, in-home care, and adult day care.

**Line 3:** Include any premiums that you were unable to include on line 1 due to qualifying for Medicare or an employer-paid health care plan should be reported on this line.

**Example 2:** Refer back to Example 1 on this page. After Dan became eligible for Medicare on July 1, he paid a total of \$1,000 in premiums for Medicare Part B and additional supplemental health insurance premiums. He did not enter those premiums on line 1 due to qualifying for Medicare. Instead, he enters the \$1,000 on line 3 of the worksheet.

**Line 4:** For purposes of this line, "medical care" has the same meaning found in Internal Revenue Code section 213, excluding premiums already reported on lines 1, 2 and 3. Some examples of eligible expenses are amounts paid for:

- Prescription medication or insulin;
- Hospital costs and nursing care;
- Medical, dental, and vision examinations and treatment by a certified health professional including copays;
- Eyeglasses, hearing aids, braces, crutches, and wheelchairs.

Refer to IRS Publication 502 for a comprehensive list of potentially eligible expenses.

Click [here](#) for a fill-in version of this worksheet.

### Medical Savings Account Worksheet (Ohio Schedule of Adjustments, Lines 5 and 37)

1. Enter the lesser of \$5,215 or your contributions to a medical savings account (MSA) during the tax year. Do not include any amount reported on your federal 1040, Schedule 1, line 13.....1. \_\_\_\_\_
2. If filing jointly, enter the lesser of \$5,215 or your spouse's contributions to an MSA during the tax year. Do not include any amount reported on your federal 1040, Schedule 1, line 13.....2. \_\_\_\_\_
3. Enter any investment earnings from your MSA included in your federal adjusted gross income.....3. \_\_\_\_\_
4. Add lines 1, 2 and 3.....4. \_\_\_\_\_
5. Enter any withdrawals from your MSA used for nonmedical purposes.....5. \_\_\_\_\_
6. If line 5 is less than line 4, line 4 minus line 5.. Enter on Ohio Schedule of Adjustments, line 37.....6. \_\_\_\_\_
7. If line 4 is less than line 5, line 5 minus line 4.. Enter on Ohio Schedule of Adjustments, line 5.....7. \_\_\_\_\_