

## Out of Pocket Medical Expenses for Homestead Exemption

Listed below are items that can be used for the medical expenses area of the application.  
 Fill in the total yearly amount of out of pocket expenses next to the category that it pertains to.  
 This is for informational purposes only.

**THIS WILL NOT BE MAILED TO THE DEPARTMENT OF REVENUE**

List following **out of pocket** Medical Expenses you had in the tax year. Tax Year:  
 Enter the total for the year.

Prescriptions:	\$ -	Contacts:	\$ -
Physician:	\$ -	Glasses:	\$ -
Eye Doctor:	\$ -	Dentures:	\$ -
Hearing Doctor:	\$ -	Hearing Aids:	\$ -
Heart Doctor:	\$ -	Hearing Aid Batteries:	\$ -
Chiropractor:	\$ -	Home Health Equipment:	\$ -
Dentist:	\$ -	Canes:	\$ -
Medicare:	\$ -	Crutches:	\$ -
Medicare Part D:	\$ -	Walkers:	\$ -
Supplemental Insurance:	\$ -	Wheelchairs:	\$ -
Nursing Home Insurance:	\$ -	Diabetic Supplies:	\$ -
Cancer Insurance:	\$ -	In Home Licensed Care:	\$ -

Total:

**Mileage to Medical Appointments and /or Hospital in the tax year:**

1/1-12/31 Medical Miles:  X tax year mileage rate=  \$ -

**MEDICAL TOTAL:**

Use this total for the Nebraska Homestead Exemption medical expense.

Print this document for the taxpayer's records.