

**Be sure to have the following information available to  
complete your application**

**This sheet does NOT need to be turned in.**

**2020 INCOME**

**FEDERAL INCOME TAX RETURN (IF FILED-FORM 1040, 1040A, 1040 EZ, OR TELEFILE WORKSHEET)**

**SOCIAL SECURITY (FORM SSA-1099)**

**PENSION AND ANNUITIES (FORM 1099-R)**

**INTEREST/DIVIDENDS (FORM 1099-INT, FORM 1099-DIV, FORM 1099-OID)**

**RAILROAD RETIREMENT (TIER 1-RRB-1099 & TIER II-RRB-1099-R)**

**IRA DISTRIBUTIONS (FORM 1099R)**

**DEDUCTIBLE OUT-OF-POCKET MEDICAL EXPENSES FOR 2020**

**MEDICARE INSURANCE PREMIUMS**

**MEDICARE PRESCRIPTION DRUG PLAN PREMIUMS**

**SUPPLEMENTAL HEALTH INSURANCE PREMIUMS**

**CANCER INSURANCE POLICY PREMIUMS**

**NURSING HOME INSURANCE POLICY PREMIUMS**

**LONG TERM CARE INSURANCE PREMIUMS**

**PAYMENTS TO: DOCTORS, DENTISTS, OSTEOPATHS, NURSES, CHIROPRACTORS, AND OTHER LICENSED MEDICAL PRACTITIONERS**

**PAYMENTS TO: HOSPITALS OR LICENSED NURSING CARE FACILITIES**

**PAYMENTS FOR: PURCHASES OF MEDICAL EQUIPMENT, CRUTCHES, HEARING AIDS, EYGLASSES, CONTACT LENSES, DENTURES, ETC**

**PRESCRIPTION DRUG COPAYMENTS (CALL YOUR PHARMACY FOR A TOTAL)**

**MILEAGE YOU TRAVEL FOR MEDICAL APPOINTMENTS. (17 cents)**