MEDICAL MILEAGE DEDUCTION TRACKING SHEET

Expense Template for Tax Deduction Purposes

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

Patient Name: _____ **Vehicle Make/Model:** _____

Total Medical Miles: _____ **Standard Mileage Rate:** _____

Total Parking/Tolls: _____ **Total Deduction Claimed:** _____

DATE	DESTINATION / MEDICAL PROVIDER	MEDICAL PURPOSE / REASON	ODOMETER START	ODOMETER END	TOTAL MILES	PARKING / TOLLS ($)

Taxpayer Signature: _____ **Date:** _____