

MEDICAL MILEAGE ORGANIZER

Federal Income Tax Deductible Expense Log

TAX YEAR

Taxpayer Name:

SSN / Tax ID:

Address:

Vehicle Make/Model:

Vehicle Year:

Primary Driver:

Annual Summary Calculations

TOTAL MEDICAL MILES

STANDARD RATE (CENTS/MI)

TOTAL MILEAGE DEDUCTION

TOTAL PARKING & TOLLS

Taxpayer Declaration: I declare under penalties of perjury that I have maintained contemporaneous logbooks and/or reliable written records to support the medical travel expenses claimed on my tax return, and that the trips logged above were primarily for and essential to receiving authorized medical care.

TAXPAYER SIGNATURE

DATE