

**OHIO
WORKSHEET**

**Unreimbursed Medical Care Expenses Worksheet for
Ohio Schedule of Adjustments, Line 41**

2023

(Keep for your records)

Name(s) as shown on return

Your social security number

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 41 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.