

Annual Celiac Medical Expense Summary

For Your CPA or Tax Professional

SECTION 1 — Taxpayer Information

Name: Tax Year: Filing Status:

Approx. AGI (optional): Prepared By: Date:

SECTION 2 — Expense Summary by Category

Category	Amount (\$)	Doc on File (Y / N)	Notes
Gluten-Free Food Premium (Grocery)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gluten-Free Food Premium (Dining Out)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medical Appointments (celiac-related)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Diagnostic Testing & Lab Work	<input type="text"/>	<input type="text"/>	<input type="text"/>
Prescription Medications	<input type="text"/>	<input type="text"/>	<input type="text"/>
Supplements (w/ Letter of Medical Necessity)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medical Equipment & Supplies	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medical Mileage (miles × IRS rate)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (describe in Notes)	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL	<input type="text"/>		

SECTION 3 — Documentation Checklist

- Receipts organized by category
- Mileage log
- Diagnosis documentation
- Letter of Medical Necessity (if applicable)
- Prior year return for reference
- HSA / FSA statements

SECTION 4 — Notes for Tax Professional

Include date of diagnosis, year tracking began, unusual expenses, or questions for your appointment.