

What Expenses Can You Save Valuable Tax Dollars On?!

Now that you know about the many ways you can use pre-tax savings to keep more of what you earn, take a moment to fill out this basic worksheet to determine how much money you will save. Remember—please be wise in budgeting the amount you wish to contribute to the FSA as balances left at the end of the Plan Year cannot be returned to the individual participant due to IRS guidelines regarding pre-tax Plans. **NOTE:** This worksheet is for illustrational purposes only and is subject to each individual's tax bracket and out of pocket expenses.

HEALTHCARE EXPENSES (estimated)

FOR EXPENSES NOT PAID FOR BY INSURANCE

| | |
|--|----------|
| Co-pays to doctors | \$ _____ |
| Prescription Drugs | \$ _____ |
| Prescribed sunglasses & eyeglasses | \$ _____ |
| Contact lenses, solutions & supplies | \$ _____ |
| Eye exams, surgery & LASIK | \$ _____ |
| Dental cleanings, fillings & x-rays | \$ _____ |
| Sealants, crowns, bridges & dentures | \$ _____ |
| Braces, spacers & retainers | \$ _____ |
| Tooth extraction, implants & oral surgery | \$ _____ |
| Psychologist & psychiatrist fees | \$ _____ |
| Obstetrics & fertility | \$ _____ |
| Lab tests & body scans | \$ _____ |
| Chiropractic & podiatrist fees | \$ _____ |
| Oxygen, insulin, syringes & supplies | \$ _____ |
| Hearing aids, batteries & exams | \$ _____ |
| Artificial limbs, braces, orthopedic shoes | \$ _____ |
| Walkers, canes & wheelchairs | \$ _____ |
| Alcoholism & drug treatment | \$ _____ |
| Medical alert bracelet & fees | \$ _____ |
| Reconstructive surgery (birth defect, disease) | \$ _____ |
| Wigs for hair loss caused by disease | \$ _____ |
| Special school for disabled child | \$ _____ |

A. ESTIMATED TOTAL TO BE CONTRIBUTED TO YOUR HEALTH FSA

\$ _____

DEPENDENT CARE EXPENSES (estimated)

DAYCARE EXPENSES SO YOU CAN WORK

| | |
|--|----------|
| Daycare, Nanny or babysitter thru age 12 | \$ _____ |
| Pre-K or nursery school | \$ _____ |
| Before & after-school care thru age 12 | \$ _____ |
| Day camp thru age 12 | \$ _____ |
| Daycare for a disabled adult or child | \$ _____ |
| Elder daycare for parent or dependent | \$ _____ |

B. ESTIMATED TOTAL TO BE CONTRIBUTED TO YOUR DEPENDENT DAYCARE FSA

\$ _____

INSURANCE PREMIUMS (already pre-taxed— for illustration only. Cannot be contributed to FSA.)

ONLY THOSE DEDUCTED FROM YOUR PAYCHECK AND ELIGIBLE TO BE PRE-TAXED.

| | |
|---|----------|
| Health Insurance (your share only) | \$ _____ |
| Other Qualified Insurance (your share only) Such as Dental, Vision, Accident, Cancer, etc.) | \$ _____ |

C. ESTIMATED TOTAL OF ELIGIBLE

PRE-TAXED INSURANCE PREMIUMS

\$ _____

ESTIMATED ANNUAL EXPENSES & TAX SAVINGS

Enter estimated annual household earnings (Remember you save between 25% and 40% on your FICA, federal and state tax.)

\$ _____

A. ESTIMATED HEALTHCARE EXPENSES TO CONTRIBUTE TO YOUR HEALTH FSA

\$ _____

B. ESTIMATED DEPENDENT CARE EXPENSES TO CONTRIBUTE TO YOUR DAYCARE FSA

\$ _____

C. ESTIMATED INSURANCE PREMIUMS (Normally already pre-taxed.) Cannot be contributed to the FSA.

\$ _____

GRAND TOTAL

\$ _____

ESTIMATED TAX RATE

25%-40%

ESTIMATED TOTAL PRE-TAX SAVINGS

\$ _____

