MEDICAL TRAVEL SUMMARY

Patient:	Date	From:	To:	# kms (Note 1)

NOTE 1: Travel must be greater than 40kms (one-way) to make a claim.

Did you dispose of a property (or properties) in 2019 for which you are claiming a principal residence exemption?
Yes [ ] No [ ]

Foreign Reporting (If "Yes", please provide details)	
At any time in did you own foreign property with a cost greater than $100,000?	Yes [ ] No [ ]
At any time in did you transfer or loan property or funds to a non-resident trust? Own more than 10% of the shares of a foreign corporation?	Yes [ ] No [ ]
Are you or your spouse a U.S. citizen or green card holder?	Yes [ ] No [ ]
Investments in Foreign Entities (If "Yes", please provide details)	
On or after January 1, did you own an interest in any form of non-resident entity?	Yes [ ] No [ ]
On or after January 1, did you own an interest in an insurance policy that was issued by a foreign entity?	Yes [ ] No [ ]

Real Estate Located in the United States *(Provide the detail if, at any time during the year, you owned U.S. real estate)*

_____
_____
_____
_____
_____

Other Comments or Information

_____
_____
_____
_____
_____