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## Receipt for Stop Smoking Program

**Billed To:****Name:** \_\_\_\_\_ **Appointment Date:** \_\_\_\_\_**Address:** \_\_\_\_\_ **Program Total:** \$199.00**Program provided by:** \_\_\_\_\_ **Paid by (circle one):** Check/CC/Cash**Address:** \_\_\_\_\_  
\_\_\_\_\_

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<b>Program Type</b>	<b>Duration</b>	<b>Program Price</b>
Hypnosis		\$199.00

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Program Total: \$199.00

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**Please retain for your tax records.**

### Stop-Smoking Programs

**You can include in medical expenses amounts you pay for a program to stop smoking.**

However, you cannot include in medical expenses amounts you pay for drugs that do not require a prescription, such as nicotine gum or patches, that are designed to help stop smoking. Ask your tax preparer to explain medical deductions.

<http://www.irs.gov/publications/p502/ar02.html#d0e2013>

[More Info](#)

**IRS website**

[www.irs.gov](http://www.irs.gov)

**Print this Page and fill out after your Stop Smoking appointment.**