

8889 Health Savings Accounts (HSA) 2020

► NAME (T) _____ NAME (S) _____ DATE _____

PART I – HSA CONTRIBUTIONS	TAXPAYER		SPOUSE	
	<input type="checkbox"/> SELF	<input type="checkbox"/> FAMILY	<input type="checkbox"/> SELF	<input type="checkbox"/> FAMILY
1 Your coverage under High Deductible Health Plan (HDHP) was for	<input type="checkbox"/> SELF	<input type="checkbox"/> FAMILY	<input type="checkbox"/> SELF	<input type="checkbox"/> FAMILY
2 HSA Contribution you made for 2020 (made through 04/15/21)	\$		\$	
3 Were you 54 years old or younger on 12/31/20?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/> SELF \$3,550 OR FAMILY \$7,100		<input type="checkbox"/> SELF \$3,550 OR q FAMILY \$7,100	
4 Amount you and your employer contributed to Archer MSA for 2020	\$		\$	
7 Were you 55 years old or older on 12/31/20?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If you were 55 years old or older at the end of 2020, enter your additional contribution	\$		\$	
9 Amount of employer contribution made to your HSA for 2020.....	\$		\$	
10 HSA distributions	\$		\$	
PART II – HSA DISTRIBUTIONS	TAXPAYER		SPOUSE	
14a Total distributions you received in 2020 from all HSAs	\$		\$	
14b Distributions rolled over to another HSA	\$ ()		\$ ()	
15 Unreimbursed medical expenses	\$ ()		\$ ()	