

8889 Health Savings Accounts (HSA) 2023

NAME (T) _____

NAME (S) _____

DATE _____

PART I - HSA CONTRIBUTIONS	TAXPAYER		SPOUSE	
	1 Your coverage under High Deductible Health Plan (HDHP) was for -----	<input type="checkbox"/> SELF	<input type="checkbox"/> FAMILY	<input type="checkbox"/> SELF
2 HSA Contribution you made for 2023 (made through 04/18/24) -----	\$		\$	
3 Were you 55 years old or younger on 12/31/23? -----	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/> SELF \$3,850	<input type="checkbox"/> FAMILY \$7,750	<input type="checkbox"/> SELF \$3,850	<input type="checkbox"/> FAMILY \$7,750
4 Amount you and your employer contributed to Archer MSA for 2023----	\$		\$	
7 Were you 55 years old or older on 12/31/23? -----	<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 2023, enter your additional contribution	\$		\$	
9 Amount of employer contribution made to your HSA for 2023 -----	\$		\$	
10 HAS distributions -----	\$		\$	
PART II - HSA DISTRIBUTIONS	TAXPAYER		SPOUSE	
14a Total distributions you received in 2023 from all HSAs -----	\$		\$	
14b Distributions rolled over to another HSA	\$		\$	
15 Unreimbursed medical expenses -----	\$		\$	