

Medical and Health Savings Account Contributions

Please provide all Forms 5498-SA.

	2013 Information	Prior Year Information
Taxpayer/Spouse (T, S) _____	___ [1]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Name of Trustee _____	___ [4]	
State postal code _____	___ [2]	
Archer MSA contributions made in 2013 and 2014 for 2013 (Box 1) + _____	___ [6]	
Total contributions made in 2013 (Box 2) + _____	___ [8]	
Total HSA or Archer MSA contributions made in 2014 for 2013 (Box 3) + _____	___ [10]	
Rollover contribution (Box 4) + _____	___ [13]	
Fair market value of HSA, Archer MSA, or MA MSA (Box 5) + _____	___ [15]	
Box 6 -		
HSA _____	___ [17]	
Archer MSA _____	___ [18]	
MA (Medicare Advantage) MSA _____	___ [19]	

Additional Information

	2013 Information	Prior Year Information
Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family) _____	___ [20]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Number of months in qualified high deductible health plan in 2013 _____	___ [21]	
Mark if you want to contribute the maximum allowable health or medical savings account contribution amount _____	___ [22]	
Total HSA/MSA contribution to be made for 2013 + _____	___ [23]	
Excess contributions for 2012 taken as constructive contributions for 2013 + _____	___ [25]	

Complete this section if your account is an Archer MSA or MA MSA

Amount of annual deductible _____	+ _____ [28]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Enter compensation from employer maintaining high deductible health plan _____	+ _____ [31]	
If self-employed, enter earned income from business under which plan was established _____	+ _____ [35]	

Complete this section if your account is an HSA

Was the high deductible health plan in effect for December 2013? (Y, N) _____ [37]

NOTES/QUESTIONS:

Health, Medical Savings Account Distributions

Please provide all Forms 1099-SA.

	2013 Information	Prior Year Information
Taxpayer/Spouse (T, S) _____	___[1]	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>
Name of Trustee _____	___[4]	
State postal code _____	___[2]	
Gross distributions received (Box 1) _____	+ ___[7]	
Earnings on excess contributions (Box 2) _____	+ ___[9]	
Distribution code (Box 3) _____	___[11]	
Fair Market Value on date of death (Box 4) _____	+ ___[12]	
Box 5 -		
HSA _____	___[13]	
Archer MSA _____	___[14]	
MA MSA _____	___[15]	
All distributions were used to pay unreimbursed qualified medical expenses _____	___[17]	
If some distributions were used to pay for other than qualified medical expenses, enter the unreimbursed qualified medical expenses for 2013 _____	+ ___[19]	
Withdrawal of excess contributions by the due date of the return _____	+ ___[21]	
Amount of distribution rolled over for 2013 _____	+ ___[23]	
If the distribution is due to the death of the account holder, enter the qualified decedent medical expenses paid by the taxpayer _____	+ ___[26]	
If MA (Medicare Advantage) MSA, enter value of account on 12/31/12 _____	+ ___[27]	
For HSA accounts:		
Was the high deductible health plan coverage started in 2012 and in effect for the month of December 2012? (Y, N) _____	___[29]	
Was the high deductible health plan coverage ended before 12/31/13? (Y, N) _____	___[30]	

Long Term Care (LTC) Service and Contracts

Please provide all Forms 1099-LTC.

	2013 Information	Prior Year Information
Name of the insured chronically ill individual _____	___[39]	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>
Social security number of insured _____	___[40]	
Gross long-term care (LTC) benefits paid (Box 1) _____	+ ___[42]	
Accelerated death benefits paid (Box 2) _____	+ ___[44]	
Check one (Box 3)		
Per diem _____	___[46]	
Reimbursed amount _____	___[47]	
Qualified contract (Box 4) _____	___[48]	
Check, if applicable (Box 5)		
Chronically ill _____	___[49]	
Terminally ill _____	___[50]	
Are there other individuals who received LTC payments during 2013? (Y, N) _____	___[52]	
If the insured is terminally ill, were payments received on account of terminal illness? (Y, N) _____	___[53]	
Number of days during the long-term care period _____	___[54]	
Cost incurred for qualified long-term care services during the long-term care period _____	+ ___[55]	

NOTES/QUESTIONS: