

2020	1040	US	Health Savings Accounts (8889)						32.1	
HSA GENERAL INFORMATION			Taxpayer		ST	Src	Spouse		ST	Src
Type of coverage: 1=self-only, 2=family	3						53			
Last month rule: 1=self-only, 2=family, 3=none [O]	45						95			
HSA CONTRIBUTIONS & DEDUCTIONS										
Employer contributions to your HSA [O]	4						54			
HSA contributions that you made (1=maximum)	5						55			
HSA contributions made after you became eligible for medicare included above	32						82			
Contributions made (letter use only)	39						89			
Self-only coverage: Number of months eligible or considered eligible if not 12	35						85			
Family coverage: Number of months eligible or considered eligible, if not 12	26						76			
Limitation (-1 if eligible for medicare benefits for the entire year) [O]	7						57			
Allocable share of limitation (8889, line 6) [O]	37						87			
Additional contribution amount (8889, line 7) [O]	38						88			
HSA deduction [O]	36						86			
HSA EXCESS CONTRIBUTIONS (5329)										
Total 2020 excess contributions (-1 if none) [O]	9						59			
Excess contributions withdrawn by due date of return	10						60			
Income earned on the excess contributions withdrawn (1099-SA, box 2)	11						61			
Excess contributions from prior year	22						72			
Maximum allowable contributions less contributions made [O]	23						73			
2020 taxable HSA distributions [O]	24						74			
Prior year excess contributions withdrawal	25						75			
Value of HSA on 12/31/20 (5498-SA, box 5)	12						62			
1=report excess employer contributions as other income	13						63			
1=reduce distributions by excess contributions withdrawn	14						64			
HSA DISTRIBUTIONS										
Total HSA distributions received (1099-SA, box 1)	15						65			
Distributions entered above rolled over to another HSA	16						66			
Total unreimbursed qualified medical expenses	17						67			
Amount to exclude from 20% tax (1=exclude all)	18						68			
HSA AFTER DEATH OF ACCOUNT HOLDER										
1=acquired interest in HSA after death of account holder	19						69			
Fair market value of HSA at date of death (1099-SA, box 4)	20						70			
Qualified medical expenses of account holder paid by you	21						71			
FAILURE TO MAINTAIN HDHP COVERAGE										
Last-month rule	43						93			
Qualified HSA funding distribution	44						94			
								Hash Total		
									32.1	