

Medical and Health Savings Account Contributions

Please provide all Forms 5498-SA.

2011 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____ [1]
 Name of Trustee _____ [4]
 State postal code _____ [2]
 Archer MSA contributions made in 2011 and 2012 for 2011 **(Box 1)** + _____ [6]
 Total contributions made in 2011 **(Box 2)** + _____ [8]
 Total HSA or Archer MSA contributions made in 2012 for 2011 **(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

2011 Information

Prior Year Information

Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family) _____ [20]
 Number of months in qualified high deductible health plan in 2011 _____ [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 2011 + _____ [23]
 Excess contributions for 2010 taken as constructive contributions for 2011 + _____ [25]

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

Amount of annual deductible + _____ [32]
 Enter compensation from employer maintaining high deductible health plan + _____ [35]
 If self-employed, enter earned income from business under which plan was established _____ [39]

Complete this section if your account is an HSA

Was the high deductible health plan in effect for December 2011? (Y, N) _____ [41]
 Enter any qualified HSA distribution from health flexible spending arrangement (FSA) _____ [43]
 Enter any qualified HSA distribution from health reimbursement arrangement (HRA) + _____ [45]

NOTES/QUESTIONS:

Health, Medical Savings Account Distributions

Please provide all Forms 1099-SA.

2011 Information

Prior Year Information

Taxpayer/Spouse (T, S)		__	[1]
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]
Unreimbursed qualified medical expenses for 2011	+	__	[17]
Withdrawal of excess contributions by the due date of the return	+	__	[19]
Amount of distribution rolled over for 2011	+	__	[21]
If the distribution is due to the death of the account holder,			
enter the qualified decedent medical expenses paid by the taxpayer	+	__	[24]
If MA (Medicare Advantage) MSA, enter value of account on 12/31/10	+	__	[25]
For HSA accounts:			
Was the high deductible health plan coverage started in 2010 and in effect for the month of December 2010? (Y, N)		__	[31]
Was the high deductible health plan coverage ended before 12/31/11? (Y, N)		__	[32]

Long Term Care (LTC) Service and Contracts

Please provide all Forms 1099-LTC.

2011 Information

Prior Year Information

Name of the insured chronically ill individual		__	[42]
Social security number of insured			[43]
Gross long-term care (LTC) benefits paid (Box 1)	+	__	[45]
Accelerated death benefits paid (Box 2)	+	__	[47]
Check one (Box 3)			
Per diem		__	[49]
Reimbursed amount		__	[50]
Qualified contract (Box 4)		__	[51]
Check, if applicable (Box 5)			
Chronically ill		__	[52]
Terminally ill		__	[53]
Are there other individuals who received LTC payments during 2011? (Y, N)		__	[55]
If the insured is terminally ill, were payments received on account of terminal illness? (Y, N)		__	[56]
Number of days during the long-term care period		__	[57]
Cost incurred for qualified long-term care services during the long-term care period +		__	[58]

NOTES/QUESTIONS: