



BenefitWallet® 

## 2021 HSA tax forms





These materials are not intended to provide individuals with tax or legal advice. You should consult with your own tax or legal advisors if you have any questions regarding the application of any of this material to a company or personal tax or legal situation.

# Helping you understand HSA tax filing requirements

## What we'll cover

Tax forms-W2, 1099, 5498, 8889

# HSA information and tax filing

You must report HSA contributions (your contributions and those which your company makes on your behalf) and distributions on your tax filing

Form <b>8889</b> Department of the Treasury Internal Revenue Service	<b>Health Savings Accounts (HSAs)</b> ▶ Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go to <a href="http://www.irs.gov/Form8889">www.irs.gov/Form8889</a> for instructions and the latest information.	OMB No. 1545-0074 Attachment Sequence No. <b>52</b>
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Form <b>W-2</b> <b>Wage and Tax Statement</b> Copy 1 – For State, City, or Local Tax Department
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OMB No. 1545-1518	<b>HSA, Archer MSA, or Medicare Advantage MSA Information</b>
Form <b>5498-SA</b>	

OMB No. 1545-1517	<b>Distributions From an HSA, Archer MSA, or Medicare Advantage MSA</b>
Form <b>1099-SA</b> (Rev. November 2019) For calendar year	



## W-2 and box 12-W

- “Employer Contributions” both pre-tax employee **and** employer contributions are reported in total in 12-W on your W-2
- One of the boxes will include a ‘W’ to delineate the HSA contributions
- **California and New Jersey** do not conform
  - New Hampshire and Tennessee - no tax on contributions but tax earnings

2	Federal income tax withheld
4	Social security tax withheld
6	Medicare tax withheld
8	Allocated tips
10	Dependent care benefits
12a	See instructions for box 12
12b	
12c	
12d	

# 1099 and 5498

9494    VOID    CORRECTED

TRUSTEE'S/PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number

OMB No. 1545-1517  
Form **1099-SA**  
(Rev. November 2019)  
For calendar year  
20

**Distributions From an HSA, Archer MSA, or Medicare Advantage MSA**

**Copy A For Internal Revenue Service Center File with Form 1096.**  
For Privacy Act and Paperwork Reduction Act Notice, see the current General Instructions for Certain Information Returns.

PAYER'S TIN    RECIPIENT'S TIN

1 Gross distribution \$

2 Earnings on excess cont. \$

3 Distribution code

4 FMV on date of death \$

RECIPIENT'S name

5 HSA

6 Archer MSA

7 MA MSA

Street address (including apt. no.)

City or town, state or province, country, and ZIP or foreign postal code

Account number (see instructions)

Form **1099-SA** (Rev. 11-2019)    Cat. No. 38471D    www.irs.gov/Form1099SA    Department of the Treasury - Internal Revenue Service  
**Do Not Cut or Separate Forms on This Page — Do Not Cut or Separate Forms on This Page**

2727    VOID    CORRECTED

TRUSTEE'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number

OMB No. 1545-1518  
Form **5498-SA**  
(Rev. November 2019)  
For calendar year  
20

**HSA, Archer MSA, or Medicare Advantage MSA Information**

**Copy A For Internal Revenue Service Center File with Form 1096.**  
For Privacy Act and Paperwork Reduction Act Notice, see the 2019 General Instructions for Certain Information Returns.

1 Employee or self-employed person's contributions made in 2019 and 2020 for 2019 \$

2 Total contributions made in 2019 \$

3 Total HSA or Archer MSA contributions made in 2020 for 2019 \$

4 Rollover contributions \$

5 Fair market value of HSA, Archer MSA, or MA MSA \$

6 HSA

7 Archer MSA

8 MA MSA

TRUSTEE'S TIN    PARTICIPANT'S TIN

PARTICIPANT'S name

Street address (including apt. no.)

City or town, state or province, country, and ZIP or foreign postal code

Account number (see instructions)

Form **5498-SA** (Rev. 11-2019)    Cat. No. 38467V    www.irs.gov/Form5498SA    Department of the Treasury - Internal Revenue Service  
**Do Not Cut or Separate Forms on This Page — Do Not Cut or Separate Forms on This Page**

Mailed in January

- 5498 — contributions
- 1099 — distributions

- Form mailed if account had activity
- Updated form issued by May 31

# 8889 – Overview

<p>Form <b>8889</b></p> <p>Department of the Treasury Internal Revenue Service</p>	<p><b>Health Savings Accounts (HSAs)</b></p> <p>▶ Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go to <a href="http://www.irs.gov/Form8889">www.irs.gov/Form8889</a> for instructions and the latest information.</p>	<p>OMB No. 1545-0074</p> <p>Attachment Sequence No. <b>52</b></p>
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Account holders are required to complete Form 8889 as part of the federal tax filing

IRS Form 8889 must be filed by a taxpayer if any of the following apply:

- if you, or someone on your behalf made contributions to your HSA during the tax year
- if you as account holder benefited from HSA distributions during the tax year (i.e. paid qualified medical expenses)
- you acquired an interest in an HSA because of death of account holder

Individuals may be required to file due to eligibility issues and acquiring an interest in an HSA

# 8889 – Contribution section

Enter your search term

**Form 8889**

Department of the Treasury  
Internal Revenue Service

**Health Savings Accounts (HSAs)**

▶ Attach to Form 1040, 1040-SR, or 1040-NR.  
▶ Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.

OMB No. 1545-0074

**2021**  
Attachment  
Sequence No. 52

Name(s) shown on Form 1040, 1040-SR, or 1040-NR Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1 Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2021. See instructions . . . . . ▶	<input type="checkbox"/>	<input type="checkbox"/>	Self-only	Family
2 HSA contributions you made for 2021 (or those made on your behalf), including those made from January 1, 2022, through April 15, 2022, that were for 2021. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions . . . . .	2			
3 If you were under age 55 at the end of 2021 and, on the first day of every month during 2021, you were, or were considered, an eligible individual with the same coverage, enter \$3,600 (\$7,200 for family coverage). <b>All others</b> , see the instructions for the amount to enter . . . . .	3			
4 Enter the amount you and your employer contributed to your Archer MSAs for 2021 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2021, also include any amount contributed to your spouse's Archer MSAs . . . . .	4			
5 Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	5			
6 Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2021, see the instructions for the amount to enter . . . . .	6			
7 If you were age 55 or older at the end of 2021, married, and you or your spouse had family coverage under an HDHP at any time during 2021, enter your additional contribution amount. See instructions . . . . .	7			
8 Add lines 6 and 7 . . . . .	8			
9 Employer contributions made to your HSAs for 2021 . . . . .	9			
10 Qualified HSA funding distributions . . . . .	10			



# 8889 – Contribution section

Enter your search term

Form **8889**

## Health Savings Accounts (HSAs)

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 1040, 1040-SR, or 1040-NR.  
▶ Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.

**2021**  
Attachment  
Sequence No. **52**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

<p><b>1</b> Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2021. See instructions . . . . . ▶</p> <p><b>2</b> HSA contributions you made for 2021 (or those made on your behalf), including those made from January 1, 2022, through April 15, 2022, that were for 2021. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions . . . . .</p> <p><b>3</b> If you were under age 55 at the end of 2021 and, on the first day of <b>every</b> month during 2021, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,600 (\$7,200 for family coverage). <b>All others</b>, see the instructions for the amount to enter . . . . .</p> <p><b>4</b> Enter the amount you and your employer contributed to your Archer MSAs for 2021 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2021, also include any amount contributed to your spouse's Archer MSAs . . . . .</p> <p><b>5</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .</p> <p><b>6</b> Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2021, see the instructions for the amount to enter . . . . .</p> <p><b>7</b> If you were age 55 or older at the end of 2021, married, and you or your spouse had family coverage under an HDHP at any time during 2021, enter your additional contribution amount. See instructions . . . . .</p> <p><b>8</b> Add lines 6 and 7 . . . . .</p> <p><b>9</b> Employer contributions made to your HSAs for 2021 . . . . .</p> <p><b>10</b> Qualified HSA funding distributions . . . . .</p>	<p><input type="checkbox"/> Self-only <input type="checkbox"/> Family</p> <p><b>2</b></p> <p><b>3</b></p> <p><b>4</b></p> <p><b>5</b></p> <p><b>6</b></p> <p><b>7</b></p> <p><b>8</b></p> <p><b>9</b></p> <p><b>10</b></p>
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# 8889 – Contribution section (continued)

		<input type="checkbox"/> Self-only	<input type="checkbox"/> Family
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2021. See instructions . . . . .	▶	
2	HSA contributions you made for 2021 (or those made on your behalf), including those made from January 1, 2022, through April 15, 2022, that were for 2021. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions . . . . .	2	
3	If you were under age 55 at the end of 2021 and, on the first day of <b>every</b> month during 2021, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,600 (\$7,200 for family coverage). <b>All others</b> , see the instructions for the amount to enter . . . . .	3	
4	Enter the amount you and your employer contributed to your Archer MSAs for 2021 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2021, also include any amount contributed to your spouse's Archer MSAs . . . . .	4	
5	Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	5	
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2021, see the instructions for the amount to enter . . . . .	6	
7	If you were age 55 or older at the end of 2021, married, and you or your spouse had family coverage under an HDHP at any time during 2021, enter your additional contribution amount. See instructions . . . . .	7	
8	Add lines 6 and 7 . . . . .	8	
9	Employer contributions made to your HSAs for 2021 . . . . .	9	
10	Qualified HSA funding distributions . . . . .	10	
11	Add lines 9 and 10 . . . . .	11	
12	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	12	
13	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 <b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13	

# 8889 – Distribution section

**Part II** **HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

<b>14a</b>	Total distributions you received in 2021 from all HSAs (see instructions)	<b>14a</b>
<b>b</b>	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	<b>14b</b>
<b>c</b>	Subtract line 14b from line 14a	<b>14c</b>
<b>15</b>	Qualified medical expenses paid using HSA distributions (see instructions)	<b>15</b>
<b>16</b>	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8e	<b>16</b>
<b>17a</b>	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here <input type="checkbox"/>	
<b>b</b>	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	<b>17b</b>

# 8889 – Distribution section (continued)

**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

<b>14a</b>	Total distributions you received in 2021 from all HSAs (see instructions)	<b>14a</b>	
<b>b</b>	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	<b>14b</b>	
<b>c</b>	Subtract line 14b from line 14a	<b>14c</b>	
<b>15</b>	Qualified medical expenses paid using HSA distributions (see instructions)	<b>15</b>	
<b>16</b>	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8e	<b>16</b>	
<b>17a</b>	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here <input checked="" type="checkbox"/>		
<b>b</b>	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	<b>17b</b>	

# 8889 – Failure to maintain coverage section

**Part III** **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

<b>18</b>	Last-month rule . . . . .	<b>18</b>	
<b>19</b>	Qualified HSA funding distribution . . . . .	<b>19</b>	
<b>20</b>	<b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8z, and enter "HSA" and the amount on the dotted line . . . . .	<b>20</b>	
<b>21</b>	<b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d . . . . .	<b>21</b>	

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 37621P

Form **8889** (2021)

# Tax resources and support information



## Websites

[mybenefitwallet.com](https://mybenefitwallet.com)

[www.irs.gov](https://www.irs.gov)

## IRS phone numbers

Questions involving individuals

1.800.829.1040

Questions involving businesses

1.800.829.4933

## Member Service Center

877.472.4200

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