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TRUSTEE'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number		<ul> <li>1 Employee or self-employed person's Archer MSA contributions made in 2016 and 2017 for 2016</li> <li>2 Total contributions made in 2016</li> </ul>	OMB No. 1545-1518	HSA, Archer MSA, or Medicare Advantage MSA Information		
		\$	Form <b>5498-SA</b>			
TRUSTEE'S federal identification number	PARTICIPANT'S social security number	3 Total HSA or Archer MSA con \$	tributions made in 2017 f	or 2016	Copy A For	
PARTICIPANT'S name		4 Rollover contributions	<b>5</b> Fair market value of Archer MSA, or MA	- ,	Internal Revenue Service Center	
		\$	\$		File with Form 1096.	
Street address (including apt. no.)		6 HSA			For Privacy Act and Paperwork Reduction Act	
City or town, state or province, country, and ZIP or foreign postal code		MSA 🗆			Notice, see the 2016 General Instructions for	
Account number (see instructions)					Certain Information Returns.	
Form <b>5498-SA</b>	Cat No. 38467V	www.irs.gov/form5498sa	Department of the T	reasury -	Internal Revenue Service	

Form 5498-SACat. No. 38467Vwww.irs.gov/form5498saDepartment of the Treasury - Internal Revenue ServiceDo Not Cut or Separate Forms on This Page— Do Not Cut or Separate Forms on This Page

		ECTED (if checked)			
TRUSTEE'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number		<ul> <li>1 Employee or self-employed person's Archer MSA contributions made in 2016 and 2017 for 2016</li> <li>2 Total contributions made in 2016</li> </ul>	OMB No. 1545-1518	HSA, Archer MSA, or Medicare Advantage MSA Informatior	
		\$	Form <b>5498-SA</b>		
TRUSTEE'S federal identification	number PARTICIPANT'S social security number	3 Total HSA or Archer MSA con	tributions made in 2017 f	or 2016	Сору В
PARTICIPANT'S name		4 Rollover contributions	5 Fair market value of HSA, Archer MSA, or MA MSA		For Participant
Street address (including apt.	no.) , country, and ZIP or foreign postal code	\$ 6 HSA	\$		This information is being furnished
					to the Internal Revenue Service.
Account number (see instructi	ons				
Form <b>5498-SA</b>	(keep for your records)	www.irs.gov/form5498sa	Department of the T	reasury -	Internal Revenue Service

## Instructions for Participant

This information is submitted to the Internal Revenue Service by the trustee of your health savings account (HSA), Archer medical savings account (MSA), or Medicare Advantage MSA (MA MSA).

Generally, contributions you make to your Archer MSA are deductible. Employer contributions are excluded from your income and are not deductible by you. If your employer makes a contribution to one of your Archer MSAs, you cannot contribute to any Archer MSA for that year. If you made a contribution your Archer MSA when your employer has contributed, you cannot deduct your contribution, and you will have an excess contribution. If your spouse's employer makes a contribution to your spouse's Archer MSA, you cannot make a contribution to your Archer MSA if your spouse is covered under a high deductible health plan that also covers you.

Contributions that the Social Security Administration makes to your MA MSA are not includible in your gross income nor are they deductible. Neither you nor your employer can make contributions to your MA MSA.

Generally, contributions you or someone other than your employer make to your HSA are deductible on your tax return. Employer contributions to your HSA may be excluded from your income and are not deductible by you. You and your employer can make contributions to your HSA in the same year. See Form 8853 and its instructions or Form 8889 and its instructions. Any

See Form 8853 and its instructions or Form 8889 and its instructions. Any employer contributions made to an Archer MSA are shown on your Form W-2 in box 12 (code R); employer contributions made to an HSA are shown in box 12 (code W). For more information, see Pub. 969.

Participant's identification number. For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN). However, the issuer has reported your complete identification number to the IRS. Account number. May show an account or other unique number the trustee assigned to distinguish your account.

**Box 1.** Shows contributions you made to your Archer MSA in 2016 and through April 18, 2017, for 2016. You may be able to deduct this amount on your 2016 Form 1040. See the Form 1040 instructions.

**Note:** The information in boxes 2 and 3 is provided for IRS use only. **Box 2.** Shows the total contributions made in 2016 to your HSA or Archer MSA. See Pub. 969 for who can make contributions. This includes qualified HSA funding distributions (trustee-to-trustee transfers) from your IRA to fund your HSA. The trustee of your MA MSA is not required to, but may, show contributions to your MA MSA.

Box 3. Shows the total HSA or Archer MSA contributions made in 2017 for 2016.

**Box 4.** Shows any rollover contribution from an Archer MSA to this Archer MSA in 2016 or any rollover from an HSA or Archer MSA to this HSA. See Form 8853 or Form 8889 and their instructions for information about how to report distributions. This amount is not included in box 1, 2, or 3.

Box 5. Shows the fair market value of your HSA, Archer MSA, or MA MSA at the end of 2016.

**Box 6.** Shows the type of account that is reported on this Form 5498-SA. **Other information.** The trustee of your HSA, Archer MSA, or MA MSA may provide other information about your account on this form.

Note: Do not attach Form 5498-SA to your income tax return. Instead, keep it for your records.

Future developments. For the latest information about developments related to Form 5498-SA and its instructions, such as legislation enacted after they were published, go to www.irs.gov/form5498sa.

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TRUSTEE'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number	1 Employee or self-employed person's Archer MSA contributions made in 2016 and 2017 for 2016 \$ 2 Total contributions made in 2016	OMB No. 1545-1518	HSA, Archer MSA, or Medicare Advantage MSA Information		
	\$	Form <b>5498-SA</b>			
TRUSTEE'S federal identification number PARTICIPANT'S social security number	<b>3</b> Total HSA or Archer MSA contributions made in 2017 for 2016			Сору С	
	\$			For Trustee	
PARTICIPANT'S name	4 Rollover contributions	5 Fair market value of Archer MSA, or MA	,	For Privacy Act and Paperwork	
Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code	↓       6 HSA       Archer MSA       MA       MSA	Ψ		Reduction Ac Notice, see th 2016 Genera Instructions fo Certair	
Account number (see instructions)		1		Information Returns.	

Form **5498-SA** 

www.irs.gov/form5498sa

Department of the Treasury - Internal Revenue Service

## **Instructions for Trustee**

To complete Form 5498-SA, use:

• the 2016 General Instructions for Certain Information Returns, and

• the 2016 Instructions for Forms 1099-SA and 5498-SA.

To order these instructions and additional forms, go to *www.irs.gov/form5498sa*.

**Due dates.** Furnish Copy B of this form to the participant by May 31, 2017.

File Copy A of this form with the IRS by May 31, 2017. To file electronically, you must have software that

generates a file according to the specifications in Pub. 1220.

**Future developments.** For the latest information about developments related to Form 5498-SA and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/form5498sa.* 

**Need help?** If you have questions about reporting on Form 5498-SA, call the information reporting customer service site toll free at 1-866-455-7438 or 304-263-8700 (not toll free). Persons with a hearing or speech disability with access to TTY/TDD equipment can call 304-579-4827 (not toll free).