Form **8889**

Health Savings Accounts (HSAs)

► Attach to Form 1040 or Form 1040NR.

► Go to www.irs.gov/Form8889 for instructions and the latest information.

2017 Attachment Sequence No. 52

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

Name(s) shown on Form 1040 or Form 1040NR

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

Befor	e you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contra	cts, if	required	d.	
Part	HSA Contributions and Deduction. See the instructions before completing this pand both you and your spouse each have separate HSAs, complete a separate Part				intl
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2017 (see instructions)	S∈	elf-only	☐ Famil	ly
2	HSA contributions you made for 2017 (or those made on your behalf), including those made from January 1, 2018, through April 17, 2018, that were for 2017. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions)	2			
3	If you were under age 55 at the end of 2017, and on the first day of every month during 2017, you were, or were considered, an eligible individual with the same coverage, enter \$3,400 (\$6,750 for family coverage). All others, see the instructions for the amount to enter	3			
4	Enter the amount you and your employer contributed to your Archer MSAs for 2017 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2017, 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 2017, see the instructions for the amount to enter	6			
7	If you were age 55 or older at the end of 2017, married, and you or your spouse had family coverage under an HDHP at any time during 2017, enter your additional contribution amount (see instructions)	7			
8	Add lines 6 and 7	8			
9	Employer contributions made to your HSAs for 2017 9				
10	Qualified HSA funding distributions				
11	Add lines 9 and 10	11			
12	Subtract line 11 from line 8. If zero or less, enter -0	12			
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25	13			
	Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions).				
Part	HSA Distributions. If you are filing jointly and both you and your spouse each have a separate Part II for each spouse.	sepa	rate HSA	As, comp	lete
14a	Total distributions you received in 2017 from all HSAs (see instructions)	14a			
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)	14b			
С	Subtract line 14b from line 14a	14c			
15	Qualified medical expenses paid using HSA distributions (see instructions)	15			
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount	16			
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here				
b	Additional 20% tax (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 Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR,				

line 60. Enter "HSA" and the amount on the line next to the box

17b

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Part	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.					
18	Last-month rule	18				
19	Qualified HSA funding distribution	19				
20	Total income. Add lines 18 and 19. Include this amount on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to Form 1040, line 21, or Form 1040NR, line 21, enter "HSA" and the amount	20				
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "HDHP" and the amount on the line next to the box	21				

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