HEALTH SAVINGS ACCOUNT (HSA) – BRING FORMS 1099SA

		Taxpayer	Spouse
Indicate type of coverage under high deductible health plan	Self Only		
	Family Coverage		
Total HSA Contributions for 2017 (do not include employer contributions or rollovers)			
Total HSA Distributions for 2017 (Bring Forms 1099SA)			
Number of Months in high deductible plan in 2017			
Amount of Annual deductible for the high deductible Plan			

You have until April 17, 2018 to make additional contributions for 2017. Please discuss this possibility with your preparer.

AFFORDABLE CARE ACT INSURANCE INFORMATION

The Affordable Care Act will have an impact on your 2017 tax return. We need the following information to accommodate the rules that will dictate whether you will have additional taxes to pay this year.

IF YOU ACQUIRED HEALTH CARE COVERAGE THROUGH THE MARKETPLACE PROVIDE FORM(S) 1095 –A

IF YOU PURCHASED YOUR OWN INSURANCE OR HAVE COVERAGE THROUGH YOUR EMPLOYER PROVIDE FORMS 1095-B AND/OR 1095-C

Mark here if you had qualifying health care coverage for every month of 2017 for you, your spouse and all dependents as claimed on your tax return ☐

Mark here if you, your spouse, and dependents had no health insurance coverage in 2017 ☐

If an exemption certificate was issued to you by the market place we need the Exemption Certificate Number.

If you, your spouse, or dependents had coverage for only part of the year – indicate the months of coverage:

Social Security Number	First Name	Last Name	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec