Par	HSA Contributions and Deduction. See the instructions before completing this p and both you and your spouse each have separate HSAs, complete a separate Part			ointly
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2016 (see instructions)	X Self-o	nly 🗆 Fan	sily
2	HSA contributions you made for 2016 (or those made on your behalf), including those made from January 1, 2017, through April 18, 2017, that were for 2016. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions)	2	4350	00
3	If you were under age 55 at the end of 2016, and on the first day of <b>every</b> month during 2016, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,350 (\$6,750 for family coverage). <b>All others</b> , see the instructions for the amount to enter	3	3350	88
4	Enter the amount you and your employer contributed to your Archer MSAs for 2016 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2016, also include any amount contributed to your spouse's Archer MSAs	4		00
5	Subtract line 4 from line 3. If zero or less, enter -0	5	3350	66
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 2016, see the instructions for the amount to enter	6	3350	99
7	If you were age 55 or older at the end of 2016, married, and you or your spouse had family coverage under an HDHP at any time during 2016, enter your additional contribution amount (see instructions)	7	0	99
8	Add lines 6 and 7	8	3350	99
9	Employer contributions made to your HSAs for 2016 9 250 00			
10	Qualified HSA funding distributions			
11	Add lines 9 and 10	11	500	
12	Subtract line 11 from line 8. If zero or less, enter -0	12	2850	99
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25.  Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions).	13	2850	99

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**Karin Nielsen-Saines** 

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