

## Health Savings Accounts (HSAs)

OMB No. 1545-0074

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.2025  
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 2025. See instructions . . . . . | <input type="checkbox"/> Self-only <input type="checkbox"/> Family |
| 2  |  |
| 3  |  |
| 4  |  |
| 5  |  |
| 6  |  |
| 7  |  |
| 8  |  |
| 9 Employer contributions made to your HSAs for 2025 . . . . .  | 9  |
| 10 Qualified HSA funding distributions . . . . .   |  |
| 11 Add lines 9 and 10 . . . . .  |  |
| 12 Subtract line 11 from line 8. If zero or less, enter -0- . . . . .  |  |
| 13 HSA deduction (see instructions) . . . . .  |  |

**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.

- |  |     |
|--|-----|
| 14a Total distributions you received in 2025 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 Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return.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 |
| c Subtract line 14b from line 14a . . . . .  | 14c |
| 15 Qualified medical expenses paid using HSA distributions (see instructions) . . . . .  |     |
| 16 Taxable HSA distributions. 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 8f . . . . .  |     |
| 17a 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 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 Schedule 2 (Form 1040), Part II, line 17c . . . . .                         |     |
| 17b  |     |

**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.

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