Department of the Treasury Internal Revenue Service

Archer MSAs and Long-Term Care Insurance Contracts

Go to www.irs.gov/Form8853 for instructions and the latest information. Attach to Form 1040, 1040-SR, or 1040-NR.

OMB No. 1545-0074 Attachment Sequence No. **39**

Name(s) shown on return

Social security number of MSA account holder. If both spouses have MSAs, see instructions

Secti	on A. Archer MSAs. If you have only a Medicare Advantage MSA, skip Section A and comple	te Se	ection B.
Part	Archer MSA Contributions and Deductions. See instructions before completing this paragraph jointly and both you and your spouse have high deductible health plans with self-only conseparate Part I for each spouse.		
1	Total employer contributions to your Archer MSA(s) for 2023		
2	Archer MSA contributions you made for 2023, including those made in 2024 by the unextended due date of your return that were for 2023. Don't include rollovers. See instructions	2	
3	Limitation from the Line 3 Limitation Chart and Worksheet in the instructions	3	
4	Compensation (see instructions) from the employer maintaining the high deductible health plan. (If self-employed, enter your earned income from the trade or business under which the high deductible health plan was established.)	4	
5	Archer MSA deduction. Enter the smallest of line 2, 3, or 4 here. Also include this amount on Schedule 1 (Form 1040), line 23	5	
Part	II Archer MSA Distributions		
6a	Total distributions you and your spouse received in 2023 from all Archer MSAs (see instructions)	6a	
b	Distributions included on line 6a that you rolled over to another Archer MSA or a health savings account. Also include any excess contributions (and the earnings on those excess contributions) included on line 6a that were withdrawn by the unextended due date of your return. See instructions	6b	
С	Subtract line 6b from line 6a	6c	
7	Unreimbursed qualified medical expenses (see instructions)	7	
8	Taxable Archer MSA distributions. Subtract line 7 from line 6c. If zero or less, enter -0 Also include this amount in the total on Schedule 1 (Form 1040), line 8e	8	
9a	If any of the distributions included on line 8 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 8 that are subject to the additional 20% tax. Also include this amount in the total on Schedule 2 (Form 1040), line 17e	9b	
Secti	on B. Medicare Advantage MSA Distributions. If you are filing jointly and both you and your distributions in 2023 from a Medicare Advantage MSA, complete a separate Section B f instructions.		
10	Total distributions you received in 2023 from all Medicare Advantage MSAs (see instructions)	10	
11	Unreimbursed qualified medical expenses (see instructions)	11	
12	Taxable Medicare Advantage MSA distributions. Subtract line 11 from line 10. If zero or less, enter -0 Also include this amount in the total on Schedule 1 (Form 1040), line 8e	12	
13a	If any of the distributions included on line 12 meet any of the Exceptions to the Additional 50% Tax (see instructions), check here		
b	Additional 50% tax. Enter 50% (0.50) of the distributions included on line 12 that are subject to the additional 50% tax. See instructions for the amount to enter if you had a Medicare Advantage MSA at the end of 2022. Also include this amount in the total on Schedule 2 (Form 1040), line 17f	13b	
For Pa	nerwork Reduction Act Notice see your tax return instructions Cat No. 24091H		Form 8853 (2023

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Name of policyholder (as shown on return)

Social security number of policyholder

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Secti	on C. Long-Term Care (LTC) Insurance Contracts. See Filing Requirements for Section C before completing this section.	; in th	ne instrud	tions
	If more than one Section C is attached, check here			
14a	Name of insured b Social security number of insured	d		
15	In 2023, did anyone other than you receive payments on a per diem or other periodic basis under a qu LTC insurance contract covering the insured or receive accelerated death benefits under a life insurpolicy covering the insured?	alified rance		
16	Was the insured a terminally ill individual?		☐ Yes	☐ No
17	Gross LTC payments received on a per diem or other periodic basis. Enter the total of the amounts from box 1 of all Forms 1099-LTC you received with respect to the insured on which the "Per diem" box in box 3 is checked	17		
	Caution: Don't use lines 18 through 26 to figure the taxable amount of benefits paid under an LTC insurance contract that isn't a qualified LTC insurance contract. Instead, if the benefits aren't excludable from your income (for example, if the benefits aren't paid for personal injuries or sickness through accident or health insurance), report the amount not excludable as income on Schedule 1 (Form 1040), line 8e, or, for taxpayers filing Form 1040-NR, on Schedule NEC (Form 1040-NR), line 12.			
18	Enter the part of the amount on line 17 that is from qualified LTC insurance contracts	18		
19	Accelerated death benefits received on a per diem or other periodic basis. Don't include any amounts you received because the insured was terminally ill. See instructions	19		
20	Add lines 18 and 19	20		
21	Multiply \$420 by the number of days in the LTC period			
22	Costs incurred for qualified LTC services provided for the insured during the LTC period (see instructions)			
23	Enter the larger of line 21 or line 22			
24	Reimbursements for qualified LTC services provided for the insured during the LTC period			
	Caution: If you received any reimbursements from LTC contracts issued before August 1, 1996, see instructions.			
25	Per diem limitation. Subtract line 24 from line 23	25		
26	Taxable payments. Subtract line 25 from line 20. If zero or less, enter -0 Also include this amount in the total on Schedule 1 (Form 1040), line 8e, or, for taxpayers filing Form 1040-NR, on Form 1040-NR, Schedule NEC, line 12. For taxpayers filing Form 1040-NR, on Schedule NEC (Form 1040-NR), line 12,			

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