

## HSA EARNINGS CALCULATION WORKSHEET FOR EXCESS CONTRIBUTIONS

Please print clearly in blue or black ink. Sections must be fully completed before submission.

<u> </u>	<u> </u>
SECTION ONE – PRIMA	RY OWNER INFORMATION
PRIMARY MEMBER (LAST NAME, FIRST NAME, MIDDLE INITIAL)	MEMBER NUMBER
ADDRESS	CITY, STATE, ZIP
PRIMARY PHONE	E-MAIL
SECTION TWO – CONT	RIBUTION INFORMATION
the tax year in line 1 above.  a. Note: If the HSA was established with the contrib	bution on or before your tax-filing due date, including extensions, for bution that you are removing, and you made no other contributions the entire account balance. You do <b>not</b> need to complete this form
SECTION THREE – EA	ARNINGS CALCULATION
computation period is the period beginning immediately pri	the excess contribution based on a specific computation period. The or to the time the particular contribution is made to the HSA and n. The earnings are calculated for the time the HSA held the excess
(1) Amount of excess contribution	(1) \$
(2) Adjusted closing balance Fair Market Value (FMV) of the HSA immediately prior removal of the contribution + Accrued earnings + Distributions made during the computation period  (3) Adjusted opening balance Fair Market Value (FMV) of the HSA immediately prior time the Contribution was made, or deemed to be the regularly determined FMV determined as of a day with or precedes the first day of the computation per + Accrued earnings + Contributions made during the computational perior (including the contribution(s) that created the excess) Regular Rollover Transfer Return of Mistaken Distribution	\$
(4) Subtract line 3 from line 2	(4) \$
(5) Multiply line 4 by line 1	(5) \$
(6) Divide line 5 by line 3 (this is the earnings attributable to th	e

contribution. This may be a	negative amount/loss		(6) \$1	
(7) Add line 1 and line 6 (this is your	total distribution amou	nt)	(7) \$	
<sup>1</sup> The distribution of earnings attribu	table is taxable. See you	r tax or legal professi	ional for guidance	
	SECTION FO	OUR - SIGNATU	JRES	
accept the calculation made above. I unprocessing any distribution. I assume fu	derstand the custodian/tru Ill responsibility for any col custodian/trustee cannot p	istee may require me to nsequences associated	accuracy of the information set forth in this form, are provide and/or complete additional documents before the my distribution of earnings attributable includer ovided, me with tax or legal advice. I have been advised.	ore ding
Primary Member S	Signature		Date	
SI	ECTION FIVE – AD	DITIONAL INF	ORMATION	
the HSA agreement and disclosure statement Section 223 and all additional Internal Revent 8889, Health Savings Accounts (HSAs), and its Terms. A general understanding of the follow Excess Contribution. An excess contribution an excess contribution by your tax-filing dead Fair Market Value (FMV). The FMV is the val Regular Contribution. Regular or annual (in contributions to an Archer MSA. The same a any other person (including non-individuals considered regular contributions and are sub Return of Mistaken Distribution. If you mistaken Distribution.	terest to seek the guidance of it and/or amendments provide ue Service (IRS) guidance, IRS instructions, instructions to yoing terms may be helpful in cooccurs when your contribution dline, including extensions, avoue of the HSA assets. Including catch-up) contribution nual contribution limit applies. Distributions from your IRA iject to your annual contributions assets from the or a portion of your HSA asset to you receive the distributed.	f a tax or legal professional ed by the custodian/truster publication 969, Health Solver federal income tax released allowables as a percent excise tax. In smake up your contributes whether the contribution of the HSA your custodian/trusts as a distribution and reconstruction and reconstruction of the HSA your custodian/trusts as a distribution and reconstruction and reconstruction.	al before completing this document. You should also refere ee. For more information refer to Internal Revenue Code (I avings Accounts and Other Tax-Favored Health Plans, IRS Forturn, your local IRS office, or the IRS's web site at <a href="www.irs.gens">www.irs.gens</a> .  ble limits or when an ineligible contribution is made. Removed.  ution for a tax year. This limit is decreased by the aggregions are made by you, your employer, your family members SEP and SIMPLE IRAs) that are deposited into your HSA contribute it as a rollover contribution into the same or anot Archer MSA to an HSA are permitted.	IRC) orm gov. ving gate s, or are
	CONNEXUS CR	REDIT UNION USE	ONLY	
Earnings Calculation Worksheet  HSA Distribution Form			Sent to Imaging:	
Mailing Address:		Fax:	Phone Numb	ber:

 Mailing Address:
 Fax:
 Phone Number

 Connexus Credit Union
 715-847-4748
 800-845-5025

 PO Box 8026
 715-847-4747
 715-847-4700

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