

## Summary of Archer MSAs

OMB No. 1545-1743

▶ **For Paperwork Reduction Act Notice, see back of form.**

|                               |                                |
|-------------------------------|--------------------------------|
| Trustee's or custodian's name | Employer identification number |
|-------------------------------|--------------------------------|

Number, street, and room or suite no.

|                           |                             |
|---------------------------|-----------------------------|
| City, state, and ZIP code | Telephone number<br>(     ) |
|---------------------------|-----------------------------|

**a** This report is for the period January 1 through:  **June 30, 2005**  **June 30, 2006**

**Caution:** A separate Form 8851 must be filed for each reporting period.

|   |   |  |
|---|---|--|
| <b>b</b> Total number of Archer MSAs (see instructions) . ▶ | <b>c</b> Total number of previously uninsured account holders (see instructions). . . ▶ | <b>d</b> Total number of excludable account holders (see instructions) . . . ▶ |
|---|---|--|

|    | Name of Account Holder<br>(Last name, first name, and middle initial) | Social Security Number | Check if Previously Uninsured | Check if Excludable |
|----|---|------------------------|-------------------------------|---------------------|
| 1  |   |                        |                               |                     |
| 2  |   |                        |                               |                     |
| 3  |   |                        |                               |                     |
| 4  |   |                        |                               |                     |
| 5  |   |                        |                               |                     |
| 6  |   |                        |                               |                     |
| 7  |   |                        |                               |                     |
| 8  |   |                        |                               |                     |
| 9  |   |                        |                               |                     |
| 10 |   |                        |                               |                     |
| 11 |   |                        |                               |                     |
| 12 |   |                        |                               |                     |
| 13 |   |                        |                               |                     |
| 14 |   |                        |                               |                     |
| 15 |   |                        |                               |                     |
| 16 |   |                        |                               |                     |
| 17 |   |                        |                               |                     |
| 18 |   |                        |                               |                     |
| 19 |   |                        |                               |                     |
| 20 |   |                        |                               |                     |

## General Instructions

Section references are to the Internal Revenue Code.

### What's New

The Tax Relief and Healthcare Act of 2006 requires trustees/custodians to file Form 8851. See *When To File* below.

### Purpose of Form

Use this form to report the total number of Archer MSAs you established, the total number of previously uninsured account holders, the total number of excludable account holders, and the names and social security numbers (SSNs) of account holders. The report will be used to furnish information about Archer MSAs to Congress and to determine when the maximum number of Archer MSAs allowed by law (750,000, excluding previously uninsured account holders) is reached.

### Who Must File

File Form 8851 if you are the trustee or custodian of an Archer MSA. A trustee or custodian may be a bank or similar financial institution, an insurance company, or any other person approved by the IRS as a trustee or custodian of an individual retirement arrangement (IRA).

### When To File

For each reporting period, file a separate Form 8851 by March 20, 2007, for Archer MSAs established:

- For 2005, from January 1, 2005, through June 30, 2005, and
- For 2006, from January 1, 2006, through June 30, 2006.

### How To File

If you are required to report more than 250 or more Archer MSAs, you must file electronically. If you are required to report fewer than 250 Archer MSAs, you may file on paper, but you are strongly encouraged to file electronically. See Announcement 2007-15 which is available in Internal Revenue Bulletin 2007-8 at [www.irs.gov/pub/irs-irbs/irb07-08.pdf](http://www.irs.gov/pub/irs-irbs/irb07-08.pdf). For information on filing electronically, call toll-free at 1-866-455-7438. If you file electronically, you must complete the trustee's or custodian's information on Form 8851 (above line a) and transmit it to the IRS or fax it to 304-264-5602.

### Where To File

Send Form 8851 to:

IRS-Enterprise Computing Center—Martinsburg  
 Information Reporting Program  
 Attn: 8851 Coordinator  
 240 Murall Drive  
 Kearneysville, WV 25430

### Definitions

**Archer MSA.** An Archer MSA is a trust created or organized in the United States as a medical savings account exclusively for the purpose of paying the qualified medical expenses of the account holder or the account holder's spouse or dependent, in conjunction with a high deductible health plan.

**High deductible health plan.** A high deductible health plan for 2005 is a health plan—

1. For self-only coverage that has an annual deductible between \$1,750 and \$2,650 or, for family coverage, between \$3,500 and \$5,250.
2. The annual out-of-pocket expenses required to be paid under the plan (other than for premiums) for covered benefits does not exceed—
  - a. \$3,500 for self-only coverage and
  - b. \$6,450 for family coverage.

A high deductible health plan for 2006 is a health plan—

1. For self-only coverage that has an annual deductible between \$1,800 and \$2,700 or, for family coverage, between \$3,650 and \$5,450.
2. The annual out-of-pocket expenses required to be paid under the plan (other than for premiums) for covered benefits does not exceed—
  - a. \$3,650 for self-only coverage and
  - b. \$6,650 for family coverage.

**Previously uninsured account holder.** An account holder is considered to be previously uninsured if the account holder's coverage under a high deductible health plan did not begin before July 1, 1996, and

- **For self-only coverage**, the account holder had no health plan coverage at any time during the 6-month period before coverage under the high deductible health plan began or
- **For family coverage**, both the account holder and the account holder's spouse had no health plan coverage at any time during the 6-month period before coverage under the high deductible health plan began.

If an account holder has family coverage and either the account holder or the account holder's spouse was insured at any time during the 6-month period before coverage under the high deductible health plan began or the coverage began before July 1, 1996, the account holder is not considered previously uninsured.

An account holder is considered previously uninsured even if the account holder had any health plan coverage listed below.

1. Insurance, if substantially all the coverage provided under such insurance relates to:
  - a. Liabilities incurred under workers' compensation laws,
  - b. Tort liabilities, or
  - c. Liabilities relating to ownership or use of property.
2. Insurance for a specified disease or illness.
3. Insurance paying a fixed amount per day (or other period) of hospitalization.
4. Coverage (whether through insurance or otherwise) for accidents, disability, dental care, vision care, or long-term care.

**Excludable account holder.** A married account holder is considered an excludable account holder if all three of the following apply.

1. The account holder is not considered previously uninsured.
2. The account holder opens an Archer MSA.
3. The account holder's spouse has or had an Archer MSA and was **not** considered previously uninsured.

If you simultaneously open an Archer MSA for a husband and an Archer MSA for his wife and neither is considered previously uninsured, treat either the husband or the wife, but not both, as an excludable account holder.

## Specific Instructions

**Box b.** Enter the total number of Archer MSAs you established during the period covered by this Form 8851. This includes all Archer MSAs opened, even those for previously uninsured or excludable account holders.

- Do not include Medicare Advantage MSAs.
- Do not report any Archer MSA established by a rollover from another Archer MSA.
- Do not report any Archer MSA that was established after June 30 of the reporting period.
- Do not report any Archer MSA established in the reporting period for the prior year.

**Box c.** Enter the total number of previously uninsured Archer MSA holders. See *Previously uninsured account holder* above.

**Box d.** Enter the total number of excludable Archer MSA holders. See *Excludable account holder* above. An Archer MSA holder cannot be both previously uninsured and excludable. If you counted an Archer MSA holder in box c, do not count that holder in box d.

**Lines 1–20.** Enter each Archer MSA holder's name and SSN. If the account holder is either previously uninsured or excludable, check the appropriate box. Do not check both boxes for one account holder. Attach additional sheets if necessary.

**Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. Section 220(j) requires Archer MSA trustees or custodians to report certain information.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

|  |                |
|--|----------------|
| <b>Recordkeeping</b> . . . . .   | 3 hr., 35 min. |
| <b>Learning about the law or the form</b> . . . . .                              | 6 min.         |
| <b>Preparing, copying, assembling, and sending the form to the IRS</b> . . . . . | 9 min.         |

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Avenue, NW, IR-6406, Washington, D.C. 20224. Do not send the form to this address. Instead, see *Where To File* above.