

For the year Jan. 1–Dec. 31, 2017, or other tax year beginning _____, 2017, ending _____, 20 _____ See separate instructions.

Your first name and initial **Vincent** Last name **Ti** Your social security number _____

If a joint return, spouse's first name and initial _____ Last name _____ Spouse's social security number _____

Home address (number and street), if you have a P.O. box, see instructions. _____ Apt. no. _____ **▲** Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **Parsippany, NJ 07054** **Presidential Election Campaign**

Foreign country name _____ Foreign province/state/county _____ Foreign postal code _____ Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. You Spouse

Filing Status
 1 Single
 2 Married filing jointly (even if only one had income)
 3 Married filing separately. Enter spouse's SSN above and full name here. **▶ Shelly Ti**
 4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. **▶**
 5 Qualifying widow(er) (see instructions)

Exemptions
 6a Yourself. If someone can claim you as a dependent, do not check box 6a.
 b Spouse
 c **Dependents:**
 (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) if child under age 17 qualifying for child tax credit (see instructions)
 Son
 Son

 d Total number of exemptions claimed **4**

Income
 7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7**
 8a Taxable interest. Attach Schedule B if required **8a**
 b Tax-exempt interest. Do not include on line 8a **8b**
 9a Ordinary dividends. Attach Schedule B if required **9a**
 b Qualified dividends **9b**
 10 Taxable refunds, credits, or offsets of state and local income taxes **10**
 11 Alimony received **11**
 12 Business income or (loss). Attach Schedule C or C-EZ **12**
 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here **13**
 14 Other gains or (losses). Attach Form 4797 **14**
 15a IRA distributions **15a** b Taxable amount **15b**
 16a Pensions and annuities **16a** b Taxable amount **16b**
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **17**
 18 Farm income or (loss). Attach Schedule F **18**
 19 Unemployment compensation **19**
 20a Social security benefits **20a** b Taxable amount **20b**
 21 Other income. List type and amount **21**
 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income **▶ 0**

Adjusted Gross Income
 23 Educator expenses **23**
 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ **24**
 25 Health savings account deduction. Attach Form 8889 **25**
 26 Moving expenses. Attach Form 3903 **26**
 27 Deductible part of self-employment tax. Attach Schedule SE **27**
 28 Self-employed SEP, SIMPLE, and qualified plans **28**
 29 Self-employed health insurance deduction **29**
 30 Penalty on early withdrawal of savings **30**
 31a Alimony paid b Recipient's SSN **▶ 31a**
 32 IRA deduction **32**
 33 Student loan interest deduction **33**
 34 Reserved for future use **34**
 35 Domestic production activities deduction. Attach Form 8903 **35**
 36 Add lines 23 through 35 **36 0**
 37 Subtract line 36 from line 22. This is your adjusted gross income **▶ 0**

| | | | | | |
|---|------------|--|------------|--------------|--------------|
| Tax and Credits | 38 | Amount from line 37 (adjusted gross income) | 38 | | 0 |
| | 39a | Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a | | | |
| | | if: <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. | | | |
| | b | If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b | | | |
| Standard Deduction for— | 40 | Itemized deductions (from Schedule A) or your standard deduction (see left margin) | 40 | | 6350 |
| • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. | 41 | Subtract line 40 from line 38 | 41 | | |
| • All others: Single or Married filing separately, \$6,350 | 42 | Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions | 42 | | 16200 |
| Married filing jointly or Qualifying widow(er), \$12,700 | 43 | Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- | 43 | | 0 |
| Head of household, \$9,350 | 44 | Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> | 44 | | 0 |
| | 45 | Alternative minimum tax (see instructions). Attach Form 6251 | 45 | | |
| | 46 | Excess advance premium tax credit repayment. Attach Form 8962 | 46 | | |
| | 47 | Add lines 44, 45, and 46 | 47 | | 0 |
| | 48 | Foreign tax credit. Attach Form 1116 if required | 48 | | |
| | 49 | Credit for child and dependent care expenses. Attach Form 2441 | 49 | | |
| | 50 | Education credits from Form 8863, line 19 | 50 | | |
| | 51 | Retirement savings contributions credit. Attach Form 8880 | 51 | | |
| | 52 | Child tax credit. Attach Schedule 8812, if required | 52 | | |
| | 53 | Residential energy credit. Attach Form 5695 | 53 | | |
| | 54 | Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> | 54 | | |
| | 55 | Add lines 48 through 54. These are your total credits | 55 | | 0 |
| | 56 | Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- | 56 | | 0 |
| Other Taxes | 57 | Self-employment tax. Attach Schedule SE | 57 | | |
| | 58 | Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919 | 58 | | |
| | 59 | Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required | 59 | | |
| | 60a | Household employment taxes from Schedule H | 60a | | |
| | b | First-time homebuyer credit repayment. Attach Form 5405 if required | 60b | | |
| | 61 | Health care: individual responsibility (see instructions) Full-year coverage <input type="checkbox"/> | 61 | | |
| | 62 | Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) | 62 | | |
| | 63 | Add lines 56 through 62. This is your total tax | 63 | | 0 |
| Payments | 64 | Federal income tax withheld from Forms W-2 and 1099 | 64 | 17092 | |
| | 65 | 2017 estimated tax payments and amount applied from 2016 return | 65 | | |
| | 66a | Earned income credit (EIC) | 66a | | |
| | b | Nontaxable combat pay election 66b | 66b | | |
| | 67 | Additional child tax credit. Attach Schedule 8812 | 67 | | |
| | 68 | American opportunity credit from Form 8863, line 8 | 68 | | |
| | 69 | Net premium tax credit. Attach Form 8962 | 69 | | |
| | 70 | Amount paid with request for extension to file | 70 | | |
| | 71 | Excess social security and tier 1 RRTA tax withheld | 71 | | |
| | 72 | Credit for federal tax on fuels. Attach Form 4136 | 72 | | |
| | 73 | Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/> | 73 | | |
| | 74 | Add lines 64, 65, 66a, and 67 through 73. These are your total payments | 74 | 17092 | |
| Refund | 75 | If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid | 75 | | 17092 |
| | 76a | Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 76a | | 17092 |
| Direct deposit? See instructions. | b | Routing number <input type="text"/> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | | |
| | d | Account number <input type="text"/> | | | |
| | 77 | Amount of line 75 you want applied to your 2018 estimated tax | 77 | | |
| Amount You Owe | 78 | Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions | 78 | | |
| | 79 | Estimated tax penalty (see instructions) | 79 | | |

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below. No

| | | |
|--------------------------------------|--------------------------------|---|
| Designee's name <input type="text"/> | Phone no. <input type="text"/> | Personal identification number (PIN) <input type="text"/> |
|--------------------------------------|--------------------------------|---|

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| | | | |
|---|---------------------------|--------------------------------------|--|
| Your signature <input type="text"/> | Date <input type="text"/> | Your occupation Engineer | Daytime phone number <input type="text"/> |
| Spouse's signature. If a joint return, both must sign. <input type="text"/> | Date <input type="text"/> | Spouse's occupation Homemaker | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/> |

Paid Preparer Use Only

| | | | | |
|---|---|---------------------------|---|--------------------------------|
| Print/Type preparer's name <input type="text"/> | Preparer's signature <input type="text"/> | Date <input type="text"/> | Check <input type="checkbox"/> if self-employed | PTIN <input type="text"/> |
| Firm's name <input type="text"/> | Firm's address <input type="text"/> | | Firm's EIN <input type="text"/> | Phone no. <input type="text"/> |

Substitute for Form W-2, Wage and Tax Statement, or Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040, 1040A, 1040-EZ, or 1040X.
▶ Go to www.irs.gov/Form4852 for the latest information.

| | |
|--|---|
| 1 Name(s) shown on return Vincent T | 2 Your social security number |
| 3 Address Parsippany, NJ 07054 | |
| 4 Enter year in space provided and check one box. For the tax year ending December 31, <u>2017</u> , I have been unable to obtain (or have received an incorrect) <input checked="" type="checkbox"/> Form W-2 OR <input type="checkbox"/> Form 1099-R. I have notified the IRS of this fact. The amounts shown on line 7 or line 8 are my best estimates for all wages or payments made to me and tax withheld by my employer or payer named on line 5. | |
| 5 Employer's or payer's name, address, and ZIP code Babylon NY 11702 | 6 Employer's or payer's identification number (if known) |
| 7 Form W-2. Enter wages, tips, other compensation, and taxes withheld. | |
| a Wages, tips, and other compensation <u>0</u> | f State income tax withheld <u>714</u> |
| b Social security wages <u>0</u> | (Name of state) <u>NJ</u> |
| c Medicare wages and tips <u>0</u> | g Local income tax withheld |
| d Social security tips | (Name of locality) |
| e Federal income tax withheld <u>906</u> | h Social security tax withheld <u>1373</u> |
| | i Medicare tax withheld <u>321</u> |
| 8 Form 1099-R. Enter distributions from pensions, annuities, retirement or profit-sharing plans, IRAs, insurance contracts, etc. | |
| a Gross distribution | f Federal income tax withheld |
| b Taxable amount | g State income tax withheld |
| c Taxable amount not determined <input type="checkbox"/> | h Local income tax withheld |
| d Total distribution <input type="checkbox"/> | i Employee contributions |
| e Capital gain (included in line 8b) | j Distribution codes |
| 9 How did you determine the amounts on lines 7 and 8 above? W-2 provided by payer erroneously alleged payments of IRC 26 Section 3401 (a) and Section 3121 (a) "wages", hereby disputed and corrected as shown on Line 7 (a), (b) and (c). The withheld amounts shown on Line 7 (e), (f), (h) and (i) were derived from the W-2 sent to me. | |
| 10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement. None. Withheld amounts are correct. | |

General Instructions

Section references are to the Internal Revenue Code.

Future developments. Information about any future developments affecting Form 4852 (such as legislation enacted after we release it) will be available at www.irs.gov/Form4852.

Purpose of form. Form 4852 serves as a substitute for Forms W-2, W-2c, and 1099-R and is completed by you or your representatives when (a) your employer or payer doesn't issue you a Form W-2 or Form 1099-R or (b) an employer or payer has issued an incorrect Form W-2 or Form 1099-R. Attach this form to the back of your income tax return, before any supporting forms or schedules.

You should always attempt to get your Form W-2, Form W-2c, or Form 1099-R from your employer or payer before contacting the IRS or filing Form 4852. If you do not receive the missing or corrected form from your employer or payer by the end of February, you may call the IRS at 1-800-829-1040 for assistance. You must provide your name, address (including ZIP code), phone number, social security number, and dates of employment. You must also provide your employer's or payer's name, address (including ZIP code), and phone number. The IRS will contact your employer or payer and request the missing form. The IRS will also send you a Form 4852. If you don't receive the missing form in sufficient time to file your income tax return timely, you may use the Form 4852 that the IRS sent you.

If you received an incorrect Form W-2 or Form 1099-R, you should always attempt to have your employer or payer issue a corrected form before filing Form 4852.

Note: Retain a copy of Form 4852 for your records. To help protect your social security benefits, keep a copy of Form 4852 until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year. After September 30 following the date shown on line 4, you may use your Social Security online account to verify wages reported by your employers. Please visit www.SSA.gov/myaccount. Or, you may contact your local SSA office to verify wages reported by your employer.

Will I need to amend my return? If you receive a Form W-2, Form W-2c, or Form 1099-R after your return is filed with Form 4852, and the information you receive differs from the information reported on your return, you must amend your return by filing Form 1040X, Amended U.S. Individual Income Tax Return. You are responsible for filing your income tax return with accurate information regardless of whether you receive a Form W-2, Form W-2c, or Form 1099-R and regardless of whether the information on any forms received is correct.

Penalties. The IRS will challenge the claims of individuals who attempt to avoid or evade their federal tax liability by using Form 4852 in a manner other than as prescribed. Potential penalties for the improper use of Form 4852 include:

**Substitute for Form W-2, Wage and Tax Statement, or
Form 1099-R, Distributions From Pensions, Annuities, Retirement
or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**

▶ Attach to Form 1040, 1040A, 1040-EZ, or 1040X.

▶ Go to www.irs.gov/Form4852 for the latest information.

| | |
|--|---|
| 1 Name(s) shown on return Vincent T. | 2 Your social security number |
| 3 Address Parsippany, NJ 07054 | |
| 4 Enter year in space provided and check one box. For the tax year ending December 31, <u>2017</u> , I have been unable to obtain (or have received an incorrect) <input checked="" type="checkbox"/> Form W-2 OR <input type="checkbox"/> Form 1099-R. I have notified the IRS of this fact. The amounts shown on line 7 or line 8 are my best estimates for all wages or payments made to me and tax withheld by my employer or payer named on line 5. | |
| 5 Employer's or payer's name, address, and ZIP code Houston, TX 77062 | 6 Employer's or payer's identification number (if known) |
| 7 Form W-2. Enter wages, tips, other compensation, and taxes withheld. | |
| a Wages, tips, and other compensation <u>0</u> | f State income tax withheld <u>3231</u> |
| b Social security wages <u>0</u> | (Name of state) <u>NJ</u> |
| c Medicare wages and tips <u>0</u> | g Local income tax withheld |
| d Social security tips | (Name of locality) |
| e Federal income tax withheld <u>6626</u> | h Social security tax withheld <u>6375</u> |
| | i Medicare tax withheld <u>1491</u> |
| 8 Form 1099-R. Enter distributions from pensions, annuities, retirement or profit-sharing plans, IRAs, insurance contracts, etc. | |
| a Gross distribution | f Federal income tax withheld |
| b Taxable amount | g State income tax withheld |
| c Taxable amount not determined <input type="checkbox"/> | h Local income tax withheld |
| d Total distribution <input type="checkbox"/> | i Employee contributions |
| e Capital gain (included in line 8b) | j Distribution codes |

9 How did you determine the amounts on lines 7 and 8 above?

W-2 provided by payer erroneously alleged payments of IRC 26 Section 3401 (a) and Section 3121 (a) "wages", hereby disputed and corrected as shown on Line 7 (a), (b) and (c). The withheld amounts shown on Line 7 (e), (f), (h) and (i) were derived from the W-2 sent to me.

10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.
None. Withheld amounts are correct.

General Instructions

Section references are to the Internal Revenue Code.

Future developments. Information about any future developments affecting Form 4852 (such as legislation enacted after we release it) will be available at www.irs.gov/Form4852.

Purpose of form. Form 4852 serves as a substitute for Forms W-2, W-2c, and 1099-R and is completed by you or your representatives when (a) your employer or payer doesn't issue you a Form W-2 or Form 1099-R or (b) an employer or payer has issued an incorrect Form W-2 or Form 1099-R. Attach this form to the back of your income tax return, before any supporting forms or schedules.

You should always attempt to get your Form W-2, Form W-2c, or Form 1099-R from your employer or payer before contacting the IRS or filing Form 4852. If you do not receive the missing or corrected form from your employer or payer by the end of February, you may call the IRS at 1-800-829-1040 for assistance. You must provide your name, address (including ZIP code), phone number, social security number, and dates of employment. You must also provide your employer's or payer's name, address (including ZIP code), and phone number. The IRS will contact your employer or payer and request the missing form. The IRS will also send you a Form 4852. If you don't receive the missing form in sufficient time to file your income tax return timely, you may use the Form 4852 that the IRS sent you.

If you received an incorrect Form W-2 or Form 1099-R, you should always attempt to have your employer or payer issue a corrected form before filing Form 4852.

Note: Retain a copy of Form 4852 for your records. To help protect your social security benefits, keep a copy of Form 4852 until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year. After September 30 following the date shown on line 4, you may use your Social Security online account to verify wages reported by your employers. Please visit www.SSA.gov/myaccount. Or, you may contact your local SSA office to verify wages reported by your employer.

Will I need to amend my return? If you receive a Form W-2, Form W-2c, or Form 1099-R after your return is filed with Form 4852, and the information you receive differs from the information reported on your return, you must amend your return by filing Form 1040X, Amended U.S. Individual Income Tax Return. You are responsible for filing your income tax return with accurate information regardless of whether you receive a Form W-2, Form W-2c, or Form 1099-R and regardless of whether the information on any forms received is correct.

Penalties. The IRS will challenge the claims of individuals who attempt to avoid or evade their federal tax liability by using Form 4852 in a manner other than as prescribed. Potential penalties for the improper use of Form 4852 include:

Health Savings Accounts (HSAs)

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040 or Form 1040NR.
▶ Go to www.irs.gov/Form8889 for instructions and the latest information.

Name(s) shown on Form 1040 or Form 1040NR
Vincent T.

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 2017 (see instructions) | <input type="checkbox"/> Self-only | <input checked="" type="checkbox"/> Family |
| 2 | HSA contributions you made for 2017 (or those made on your behalf), including those made from January 1, 2018, through April 17, 2018, that were for 2017. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions) | 2 | 0 |
| 3 | If you were under age 55 at the end of 2017, and on the first day of every month during 2017, you were, or were considered, an eligible individual with the same coverage, enter \$3,400 (\$6,750 for family coverage). All others , see the instructions for the amount to enter | 3 | 6750 |
| 4 | Enter the amount you and your employer contributed to your Archer MSAs for 2017 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2017, also include any amount contributed to your spouse's Archer MSAs | 4 | |
| 5 | Subtract line 4 from line 3. If zero or less, enter -0- | 5 | 6750 |
| 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 2017, see the instructions for the amount to enter | 6 | 6750 |
| 7 | If you were age 55 or older at the end of 2017, married, and you or your spouse had family coverage under an HDHP at any time during 2017, enter your additional contribution amount (see instructions) | 7 | 1000 |
| 8 | Add lines 6 and 7 | 8 | 7750 |
| 9 | Employer contributions made to your HSAs for 2017 | 9 | 0 |
| 10 | Qualified HSA funding distributions | 10 | |
| 11 | Add lines 9 and 10 | 11 | 0 |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0- | 12 | 7750 |
| 13 | HSA deduction. Enter the smaller of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25 | 13 | 0 |

Caution: If line 2 is more than line 13, you may have to pay an additional tax (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 2017 from all HSAs (see instructions) | 14a | 617 |
| 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 | 617 |
| 15 | Qualified medical expenses paid using HSA distributions (see instructions) | 15 | 617 |
| 16 | Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount | 16 | 0 |
| 17a | If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (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 Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "HSA" and the amount on the line next to the box | 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 Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to Form 1040, line 21, or Form 1040NR, line 21, enter "HSA" and the amount | 20 | | |
| 21 | Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "HDHP" and the amount on the line next to the box | 21 | | |