

## Montana Medical Care Savings Account (MSA) Log

Account Holder		
Financial Institution	1	
Account Number [		For Year Ended MMDDYYYY

## **Expenses Paid or Reimbursed**

Date	Description	Amount	Paid Directly from MSA	Reimbursed from MSA	Date Reimbursed
		\$	\$	\$	
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	Totals	¢	\$	\$	

Totals |\$

Deposits, Withdrawals, and Other Transactions

Date	Description	Deposit Amount	Interest And Other Income	Qualified Withdrawals	Nonqualified Withdrawals	Fees And Other Charges
		\$	\$	\$	\$	\$
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		\$	\$	\$	\$	\$
	Totals	\$	\$	\$	\$	\$

Montana medical care savings account holders must maintain records documenting account activity. You can use this log to help you track and record the information related to your Montana medical care savings account. It is not required to use this worksheet nor include a copy when you file your income tax return. However, if your tax return is selected for review because you claimed the deduction for deposits into a medical savings account, this worksheet can be submitted as a summary. However, you may still be asked to provide other information such as copies of bank statements and cancelled checks.

**Questions?** Please call us at, 444-6900, or access the Montana State University Extension MontGuide at <a href="https://store.msuextension.org/publications/FamilyFinancialManagement/MT199817HR.pdf">https://store.msuextension.org/publications/FamilyFinancialManagement/MT199817HR.pdf</a>.