

Health Savings Account (HSA) Mistaken Distribution Form



Please submit this form with your payment if you are reimbursing your Health Savings Account (HSA) for one or more mistaken distributions. Tax statements will be corrected and re-issued as needed.

Note:
IRS Notice 2004-50, Q&A 37 states that if there is clear and convincing evidence that amounts were distributed from an HSA because of a mistake of fact due to reasonable cause, the accountholder may repay the mistaken distribution no later than the tax deadline (generally April 15) following the first year the accountholder knew or should have known the distribution was a mistake. For more information see the complete Notice at www.irs.gov.

Account Information *required field			
First Name*	Middle Name	Last Name*	Account Number*
Home Phone* XXX-XXX-XXXX	Alternate Phone XXX-XXX-XXXX	Email	
Payment Information Note: In order to ensure timely processing, please include your account number on your check.			
Check Amount*	Check Number*	Date of Check*	

Mistaken Distribution Information			
Tax Year of Mistaken Distribution (YYYY)	Date of Distribution (MM/DD)	Amount of the Original Distribution	Amount Returning
Totals			

By my signature below, I certify that the distribution(s) listed above were due to a mistake of fact due to reasonable cause. I authorize Wells Fargo Bank, N.A. to redeposit the distribution(s) as a mistaken distribution(s). I understand Wells Fargo Bank, N.A. is not required to accept the redeposit of mistaken distribution(s), and I am responsible for any tax consequences and penalties for improper reporting of this deposit as repayment of a mistaken distribution, instead of a contribution, to my HSA.

Signature	Date (MM/DD/YYYY)

Please mail completed form and your check to:

Wells Fargo Health Benefit Services, P.O. Box 45600, Salt Lake City, UT 84145-0600

Questions? Please contact our Customer Service Center at 866-884-7374.
Web site: wellsfargo.com/hsa