



Name: \_\_\_\_\_

## 2018 IRA, HSA and 529 Contributions

### Traditional IRA Contributions

	<u>Taxpayer</u>	<u>Spouse</u>
Would you like us to calculate the maximum allowable traditional IRA contribution?	___ Yes ___ No	___ Yes ___ No
Amount contributed to Traditional IRA for 2018	_____	_____
Value of all Traditional IRAs as of December 31, 2018	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Roth IRA Contributions

	<u>Taxpayer</u>	<u>Spouse</u>
Would you like us to calculate the maximum allowable Roth IRA contribution?	___ Yes ___ No	___ Yes ___ No
Amount contributed to Roth IRA for 2018	_____	_____
Did you have any Roth IRA conversions?	___ Yes ___ No	___ Yes ___ No
Amount converted to Roth in 2018	_____	_____
Value of all Roth IRAs as of December 31, 2018	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### HSA and MSA Contributions

Indicate type of health or medical savings account

\_\_\_ HSA                      \_\_\_ Self                      \_\_\_ Family

\_\_\_ Archer MSA

\_\_\_ MA (Medicare Advantage) MSA

Total contributions made for 2018 \_\_\_\_\_

Number of months in qualified plan \_\_\_\_\_

Would you like to contribute the maximum allowable HSA or MSA contribution if you haven't already?                      \_\_\_ Yes \_\_\_ No

*See 529 Contributions on next page*

**529 Contributions**

**\* All deductible contributions for 2018 must have been made by 12/31/18**

Beneficiary's Name \_\_\_\_\_

Total 529 contribution in 2018 \_\_\_\_\_

Account Owner \_\_\_\_\_

Plan Custodian \_\_\_\_\_ CollegeInvest (Colorado Plan) \_\_\_\_\_ Other

Beneficiary's Name \_\_\_\_\_

Total 529 contribution in 2018 \_\_\_\_\_

Account Owner \_\_\_\_\_

Plan Custodian \_\_\_\_\_ CollegeInvest (Colorado Plan) \_\_\_\_\_ Other

Beneficiary's Name \_\_\_\_\_

Total 529 contribution in 2018 \_\_\_\_\_

Account Owner \_\_\_\_\_

Plan Custodian \_\_\_\_\_ CollegeInvest (Colorado Plan) \_\_\_\_\_ Other