Form **8928**
(Rev. December 2025)
Department of the Treasury
Internal Revenue Service

Return of Certain Excise Taxes Under Chapter 43 of the Internal Revenue Code

(Under sections 4980B, 4980D, 4980E, and 4980G)

Go to *www.irs.gov/Form8928* for instructions and the latest information.

OMB No. 1545-2146

Filer's tax year beginning , and ending ,

A Name of filer (see instructions)		**B** Filer's employer identification number (EIN)
Number and street (If a P.O. box, see instructions)		Room or suite no.
City or town	State or province / Country / ZIP or foreign postal code	**E** Plan sponsor's EIN
C Name of plan		**F** Plan year ending (MM/DD/YYYY)
D Name and address of plan sponsor		**G** Plan number

Part I Tax on Failure To Satisfy Continuation Coverage Requirements Under Section 4980B

Complete a separate Part I, lines 1 through 6, for failures due to reasonable cause and not to willful neglect, and a separate Part I, lines 12 through 14, for other failures, for each qualifying event for which one or more failures to satisfy continuation coverage requirements that occurred during the reporting period (see instructions).

Section A – Failures Due to Reasonable Cause and Not to Willful Neglect

		For IRS Use Only		
1	Enter the total number of days of noncompliance in the reporting period		1	
2	Enter the number of qualified beneficiaries for which a failure occurred as a result of this qualifying event (2)			
3	If you entered 2 or more on line 2, multiply line 1 by $200. Otherwise, multiply line 1 by $100		3	
4	If the failure was not discovered despite exercising reasonable diligence or was corrected within the correction period and was due to reasonable cause, enter -0- here, and go to line 5. Otherwise, enter the amount from line 3 on line 6 and go to line 7		4	
5	If the failure was not corrected before the date a notice of examination of income tax liability was sent to the employer and the failure continued during the examination period, multiply $2,500 by the number of qualified beneficiaries for whom one or more failures occurred (multiply by $15,000 to the extent the violations were more than de minimis for a qualified beneficiary). If the failures were corrected before the date a notice of examination was sent, enter -0-		5	
6	Enter the smaller of line 3 or line 5		6	
7	If there was more than one qualifying event, add the amounts shown on line 6 of all forms, and enter the total on a single "summary" form. Otherwise, enter the amount from line 6 above		7	
8	Enter the aggregate amount paid or incurred during the preceding tax year for a single employer group health plan or the amount paid or incurred during the current tax year for a multiemployer health plan to provide medical care (8)			
9	Multiply line 8 by 10% (0.10)		9	
10	Amount from section 4980B(c)(4)		10	
11	Enter the smallest of lines 7, 9, or 10. For a third-party administrator, HMO, or insurance company, the amount you enter on this line filed for all plans you administer during the same tax year cannot exceed $2 million; reduce the amount you would otherwise enter on this line to the extent the amount for all plans would exceed this limit		11	

Section B – Failures Due to Willful Neglect or Otherwise Not Due to Reasonable Cause

12	Enter the total number of days of noncompliance in the reporting period		12	
13	Enter the number of qualified beneficiaries for which a failure occurred as a result of this qualifying event (13)			
14	If you entered 2 or more on line 13, multiply line 12 by $200. Otherwise, multiply line 12 by $100		14	
15	If there was more than one qualifying event, add the amounts shown on line 14 of all forms, and enter the total on a single "summary" form. Otherwise, enter the amount from line 14 above		15	

Section C – Total Tax Due Under Section 4980B

16	Add lines 11 and 15	126	16	

Name of filer: Filer's EIN:

Part II Tax on Failure To Meet Portability, Access, Renewability, and Other Requirements Under Section 4980D

Complete a separate Part II, lines 17 through 23, for failures due to reasonable cause and not to willful neglect, and a separate Part II, lines 29–32, for other failures to meet certain group health plan requirements that occurred during the reporting period (see instructions).

Section A – Failures Due to Reasonable Cause and Not to Willful Neglect

			For IRS Use Only		
17	Enter the total number of days of noncompliance in the reporting period			17	
18	Enter the number of individuals to whom the failure relates	18			
19	Multiply line 17 by line 18	19			
20	Multiply line 19 by $100			20	
21	If the failure was not discovered despite exercising reasonable diligence or was corrected within the correction period and was due to reasonable cause, enter -0- here, and go to line 22. Otherwise, enter the amount from line 20 on line 23 and go to line 24			21	
22	If the failure was not corrected before the date a notice of examination of income tax liability was sent to the employer and the failure continued during the examination period, multiply $2,500 by the number of individuals to whom the failure relates (multiply by $15,000 to the extent the violations were more than de minimis for an individual). If the failures were corrected before the date a notice of examination was sent, enter -0-			22	
23	Enter the smaller of line 20 or line 22			23	
24	If there was more than one failure, add the amounts shown on line 23 of all forms, and enter the total on a single "summary" form. Otherwise, enter the amount from line 23 above			24	
25	Enter the aggregate amount paid or incurred during the preceding tax year for a single employer group health plan or the amount paid or incurred during the current tax year for a multiemployer health plan to provide medical care	25			
26	Multiply line 25 by 10% (0.10)			26	
27	Amount from section 4980D(c)(3)			27	
28	Enter the smallest of lines 24, 26, or 27			28	

Section B – Failures Due to Willful Neglect or Otherwise Not Due to Reasonable Cause

29	Enter the total number of days of noncompliance in the reporting period			29	
30	Enter the number of individuals to whom the failure relates	30			
31	Multiply line 29 by line 30	31			
32	Multiply line 31 by $100			32	
33	If there was more than one failure, add the amounts shown on line 32 of all forms, and enter the total on a single "summary" form. Otherwise, enter the amount from line 32 above			33	

Section C – Total Tax Due Under Section 4980D

34	Add lines 28 and 33	127	34	

Part III Tax on Failure To Make Comparable Archer MSA Contributions Under Section 4980E

35	Aggregate amount contributed to Archer MSAs of employees within calendar year		35	
36	Total tax due under section 4980E. Multiply line 35 by 35% (0.35)	128	36	

Part IV Tax on Failure To Make Comparable HSA Contributions Under Section 4980G

37	Aggregate amount contributed to HSAs of employees within calendar year		37	
38	Total tax due under section 4980G. Multiply line 37 by 35% (0.35)	137	38	

Part V Tax Due or Overpayment

39	Add lines 16, 34, 36, and 38		39	
40	Enter amount of tax paid with Form 7004		40	
41	**Tax due.** If line 39 is more than line 40, subtract line 40 from line 39. For details on how to pay, including how to pay electronically, go to *www.irs.gov/Payments*, or see the instructions		41	
42a	**Overpayment.** If the amount on line 40 is more than the amount on line 39, subtract line 39 from line 40 and complete lines 42b, 42c, and 42d		42a	

b Routing number **c** Type: ☐ Checking ☐ Savings

d Account number

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature | Telephone number | Date

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name			Firm's EIN	
Firm's address			Phone no.	