

# Instructions for Form 8928

(Rev. December 2013)



Department of the Treasury  
Internal Revenue Service

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

Section references are to the Internal Revenue Code unless otherwise noted.

### Future Developments

For the latest information about Form 8928 and its instructions go to [www.irs.gov/form8928](http://www.irs.gov/form8928).

### General Instructions

#### Purpose of Form

File Form 8928 to report the tax due on the following failures by group health plans or employers.

- A failure to provide a level of coverage of the costs of pediatric vaccines (as defined in section 2612 of the Public Health Services Act) that is not below the coverage provided as of May 1, 1993.
- A failure to satisfy continuation coverage requirements under section 4980B.
- A failure to meet portability, access, renewability, and market reform requirements under sections 9801, 9802, 9803, 9811, 9812, 9813, and 9815.
- A failure to make comparable Archer MSA contributions under section 4980E.
- A failure to make comparable health savings account (HSA) contributions under section 4980G.

#### Who Must File

Form 8928 must be filed by:

1. Any employer, group health plan, plan administrator, or plan sponsor liable for the tax under section 4980B for failure to provide the required level of pediatric vaccine coverage or to offer continuation coverage to a qualified beneficiary.
2. Any employer or group health plan liable for the tax under section 4980D for failure to meet portability, access, renewability, and market reform requirements for group health plans under sections 9801, 9802, 9803, 9811, 9812, 9813, and 9815.
3. Any employer liable for the tax under section 4980E for failure to make comparable Archer medical savings account (MSA) contributions for all participating employees.

4. Any employer liable for the tax under section 4980G for failure to make comparable health savings account (HSA) contributions for all participating employees.

#### When To File

For a failure under section 4980B or section 4980D, if the failure is by an employer or other person responsible for providing or administering benefits under the plan (such as an insurer or third-party administrator), file Form 8928 on or before the due date for filing the person's federal income tax return.

If the failure under section 4980B or section 4980D is by a multiemployer or multiple employer plan, file Form 8928 on or before the last day of the seventh month following the end of the plan year.

For a failure under section 4980E or section 4980G, file Form 8928 on or before the 15th day of the fourth month following the calendar year in which the noncomparable contributions were made.

**Extension.** File Form 7004, Application for Automatic Extension of Time to File Certain Business Income Tax, Information, and Other Returns, to request an automatic extension of time to file Form 8928. You must file Form 7004 on or before the regular due date of Form 8928. See the instructions for Form 7004 for more information. Form 7004 does not extend the time to pay excise taxes due under Form 8928.

#### Where To File



Send Form 8928 to the following address.

Department of the Treasury  
Internal Revenue Service  
Cincinnati, OH 45999-0009

**Private delivery services.** You can use certain private delivery services designated by the IRS to meet the "timely mailing as timely filing/paying" rule for tax returns and payments. These private delivery services include only the following:

- DHL Express (DHL): DHL Same Day Service.
- Federal Express (FedEx): FedEx Priority Overnight, FedEx Standard Overnight, FedEx 2Day, FedEx International Priority, and FedEx International First.
- United Parcel Service (UPS): UPS Next Day Air, UPS Next Day Air Saver, UPS 2nd Day Air, UPS 2nd Day Air A.M., UPS Worldwide Express Plus, and UPS Worldwide Express.

The private delivery service can tell you how to get written proof of the mailing date.

#### Interest and Penalties

**Interest.** Interest is charged on taxes not paid by the due date even if an extension of time to file is granted. Interest is also charged on penalties imposed from the due date, including extensions, to the date of payment for failure to file, negligence, fraud, gross valuation overstatements, and substantial understatements of tax. The interest rate is determined under section 6621.

**Penalty for late filing of return.** If you do not file a return by the due date, including extensions, you may have to pay a penalty of 5% of the unpaid tax for each month or part of a month the return is late, up to a maximum of 25% of the unpaid tax. The minimum penalty for a return that is more than 60 days late is the smaller of the tax due or \$100. The penalty will not be imposed if you can show that the failure to file on time was due to reasonable cause. If you file late, you must attach a statement to Form 8928 explaining the reasonable cause.

**Penalty for late payment of tax.** If you do not pay the tax when due, you may have to pay a penalty of  $\frac{1}{2}$  of 1% of the unpaid tax for each month or part of a month the tax is not paid, up to a maximum of 25% of the unpaid tax. The penalty will not be imposed if you can show that the failure to pay on time was due to reasonable cause.

Interest and penalties for late filing and late payment will be billed separately after the return is filed.

## Claim for Refund or Credit/ Amended Return

File an amended Form 8928 for any of the following:

- To claim a refund of overpaid taxes reportable on Form 8928;
- To receive a credit for overpaid taxes; or
- To report additional taxes due within the same tax year of the filer if those taxes have the same due date as those previously reported.

File an amended return by writing "Amended Return" at the top of Form 8928 and completing the appropriate part.

If you file an amended return to claim a refund or credit, the claim must state in detail the reasons for claiming the refund. In order for the IRS to promptly consider your claim, you must explain why you are filing the claim and provide the appropriate supporting evidence. See Regulations section 301.6402-2 for more details.

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## Specific Instructions

**Filer tax year.** Enter the tax year of the employer, entity, or individual on whom the tax is imposed by using the plan year beginning and ending dates entered in Part I of Form 5500 or by using the tax year of the business return filed, if applicable.

**Item A. Name and address of filer.** Enter the name and address of the employer, individual, or other entity who is liable for the tax.

Include the suite, room, or other unit numbers after the street number. If the post office does not deliver mail to the street address and you have a P.O. box, show the box number instead of the street address.

If the entity has a foreign address, enter the information in the following order: city or town, state or province, and country. Follow the country's practice for entering the postal code. Do not abbreviate the country name.

**Item C. Name of plan.** Enter the formal name of the plan, name of the plan sponsor, or name of the insurance company or financial institution of the direct filing entity (DFE). In the case of a group insurance arrangement (GIA), enter the name of the trust or other entity that holds the insurance contract. In the case of a master trust investment account (MTIA), enter the name of the sponsoring employers.

If the plan covers only the employees of one employer, enter the employer's name or enough information to identify the plan. This should be the same name indicated on the Form 5500 series return/report if that form is required to be filed for the plan.

**Item D. Name and address of plan sponsor.** The term "plan sponsor" means:

1. The employer, for a group health plan established or maintained by a single employer;
2. The employee organization, in the case of a plan of an employee organization;
3. The association, committee, joint board of trustees, or other similar group of representatives of the parties who establish or maintain the plan, if the group health plan is established or maintained jointly by one or more employers and one or more employee organizations, or by two or more employers.

Include the suite, room, or other unit numbers after the street number. If the post office does not deliver mail to the street address and you have a P.O. box, show the box number instead of the street address.

If the plan sponsor has a foreign address, enter the information in the following order: city or town, state or province, and country. Follow the country's practice for entering the postal code. Do not abbreviate the country name.

**Item E. Plan sponsor's EIN.** Enter the nine-digit employer identification number (EIN) assigned to the plan sponsor. This should be the same number used to file the Form 5500 series return/report.

**Item F. Plan year ending.** "Plan year" is defined in Regulations section 54.9801-2. Enter eight digits in month/date/year order. This number assists the IRS in properly identifying the plan and time period for which the Form 8928 is being filed. For example, a plan year ended March 31, 2013, should be shown as 03/31/2013.

**Item G. Plan number.** Enter the three-digit number that the employer or plan administrator assigned to the plan. This three-digit number is used with the EIN entered on line B and is used by the IRS, the Department of Labor, and the Pension Benefit Guaranty Corporation as a unique 12-digit number to identify the plan.



*If the plan number is not provided, this will cause a delay in processing your return.*

**Filer's signature.** To reduce the possibility of correspondence and penalties, please sign and date the form. Also enter a daytime phone number where you can be reached.

**Paid Preparer Use Only.** A paid preparer must sign Form 8928 and provide the information in the Paid Preparer Use Only section at the end of the form if the preparer was paid to prepare the form and is not an employee of the filing entity. The preparer must give you a copy of the form in addition to the copy to be filed with the IRS.

If you are a paid preparer, enter your Preparer Tax Identification Number (PTIN) in the space provided. Include your complete address. If you work for a firm, you also must enter the firm's name and the EIN of the firm. However, you cannot use the PTIN of the tax preparation firm in place of your PTIN.

You can apply for a PTIN online or by filing Form W-12, IRS Paid Preparer Tax Identification Number (PTIN) Application and Renewal. For more information about applying for a PTIN online, visit the IRS website at [www.irs.gov/taxpros](http://www.irs.gov/taxpros).

**Note.** A paid preparer may sign original or amended returns by rubber stamp, mechanical device, or computer software program.

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

Complete a separate Part I, Section A, lines 1 through 6 for each qualifying event for which one or more failures to satisfy continuation coverage requirements occurred during the reporting period as a result of failures due to reasonable cause and not to willful neglect. If multiple qualifying events occurred with different noncompliance periods, complete lines 1 through 6 on a separate Part I for each qualifying event. Then complete a "summary" Form 8928 with items A through G and enter the total amount of the excise tax on line 7 of that summary form and complete lines 8 through 11 for all qualifying events as a result of failures due to reasonable cause and not to willful neglect.

Complete a separate Part I, lines 12 through 14, for each qualifying event for which one or more failures to satisfy continuation coverage requirements occurred during the reporting period as a result of failures due to willful neglect or otherwise not due to reasonable cause. If multiple qualifying events occurred with different noncompliance periods, complete lines 12 through 14 on a separate Part I for each qualifying event. Then complete a “summary” Form 8928 with items A through G and enter the total amount of the excise tax on line 15 of that summary form for all failures that were due to willful neglect or otherwise not due to reasonable cause.

Write “Summary Form” at the top to indicate that this is a summary form and attach all copies to it.



*You may report all failures on the same form if the failures occurred during the same tax year.*

For purposes of Part I, a qualifying event is any of the following.

- Death of the covered employee.
- Termination or reduction of hours of the covered employee's employment (other than for employee gross misconduct).
- Divorce or legal separation of the covered employee from the employee's spouse.
- Covered employee becoming entitled to Medicare benefits.
- Dependent child of the covered employee ceasing to be a covered child under the terms of the plan.
- Bankruptcy of the employer from whose employment the covered employee retired.

**Waiver of excise tax.** The Secretary may waive part or all of the excise tax under Part I, to the extent that payment of the tax would be excessive relative to the failure involved. This only applies to failures due to reasonable cause and not due to willful neglect.

**Note.** The tax under Part I will not apply to the following.

- Any failure of a group health plan if the qualifying event occurred during the calendar year immediately following a calendar year during which all employers maintaining the plan normally employed fewer than 20 employees on a typical business day.
- Any governmental plan under section 414(d).
- Any church plan under section 414(e).

## Section A. Failures Due to Reasonable Cause and Not to Willful Neglect

If the failure or failures as a result of a particular qualifying event were due to reasonable cause and not to willful neglect, complete Part I, Section A, lines 1 through 11.

**Line 1.** Calculate the total number of days of noncompliance within the reporting period beginning on the date the failure first occurred and ending on the earlier of the date the failure is corrected or, at the latest, a date that is six months after the last day of the maximum continuation coverage period under the qualifying event that led to the failure.



*The noncompliance period may include portions of more than one plan year (in the case of an employee benefit plan) or one tax year (in the case of an employer or third-party administrator). In that case, only the portion of the noncompliance period falling within that plan year or tax year would be used to calculate the excise tax due for that year.*

**Line 4.** No tax is due for any failure under Part I, Section A, if it is established to the satisfaction of the Secretary of the Treasury that no one liable for the tax knew, or exercising reasonable diligence would have known, that the failure occurred. Additionally, no tax is due if the failure under Part I, Section A, was due to reasonable cause and not due to willful neglect and the failure was corrected during the 30-day period beginning on the 1st date anyone liable for the tax knew, or exercising reasonable diligence should have known, that the failure existed.

For this purpose, a failure is treated as corrected if the failure is retroactively undone to the extent possible and the qualified beneficiary to whom the failure relates is placed in a financial position which is as good as such beneficiary would have been in had the failure not occurred.

**Line 5.** The minimum excise tax under Part I, Section A, is \$2,500 for each qualified beneficiary for whom one or more failures occurred if the failure or failures were not corrected before the date a notice of examination of income tax liability was sent from the IRS and the failure or failures continued during the examination period. The minimum excise tax under Part I, Section A, is

\$15,000 if the failure or failures are determined to be more than *de minimis*.

**Line 7.** If you had more than one qualifying event during the reporting period, complete lines 1 through 6 in a separate Part I, Section A, for each qualifying event and enter the total from line 6 from all copies of Part I, Section A, on line 7 of your summary form. See the discussion under Part I earlier.

**Line 8.** For a single employer plan, enter on line 8 the aggregate amount paid or incurred during the preceding tax year by the employer (or a predecessor) for its group health plan. For a multiemployer plan, enter on this line the amount paid or incurred during the current tax year to provide medical care, directly or through insurance or reimbursement.

**Line 11.** The maximum excise tax payable during a tax year by third-party administrators, HMOs, and insurance companies under Part I, Section A, is \$2,000,000 for all plans for failures due to reasonable cause not to willful neglect. For those entities, do not enter more than \$2,000,000 on this line for such failures for all plans even if the aggregate excise tax owed for all failures under Part I, Section A, is more than \$2,000,000.

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

If the failure or failures as a result of a particular qualifying event were due to willful neglect or otherwise not due to reasonable cause, complete Part I, Section B, lines 12 through 15.

**Line 12.** Calculate the total number of days of noncompliance within the reporting period beginning on the date the failure first occurred and ending on the earlier of the date the failure is corrected or, at the latest, a date that is six months after the last day of the maximum continuation coverage period under the qualifying event that led to the failure.

**Line 15.** If you had more than one qualifying event during the reporting period, complete lines 12 through 14 in a separate Part I, Section B, for each qualifying event and enter the total from line 14 from all copies of Part I, Section B, on line 15 of your summary form. See the discussion under Part I earlier.

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

Complete a separate Part II, Section A, lines 17 through 23 for each failure to meet portability, access, and renewability requirements that occurred during the reporting period that was due to reasonable cause and not to willful neglect. If multiple such failures occurred with different noncompliance periods, complete lines 17 through 23 in a separate Part I, Section A, for each failure. Then complete a “summary” Form 8928 with items A through G and enter the total amount of the excise tax on line 24 of that summary form and complete lines 25 through 28 for all failures due to reasonable cause and not to willful neglect.

Complete a separate Part II, Section B, lines 29 through 33, for each failure to meet portability, access, and renewability requirements that occurred during the reporting period that was due to willful neglect or otherwise not due to reasonable cause. If multiple failures occurred with different noncompliance periods, complete lines 29 through 32 on a separate Part II, Section B, for each failure. Then complete a “summary” Form 8928 with items A through G and enter the total amount of the excise tax on line 33 of that summary form for all such failures.

Write “Summary Form” at the top to indicate that this is a summary form and attach all copies to it.

**Waiver of excise tax.** The Secretary may waive part or all of the excise tax under Part II, to the extent that payment of the tax would be excessive relative to the failure involved. This only applies to failures due to reasonable cause and not due to willful neglect.

**Exception for certain insured small employer plans.** If you are a small employer who provides health insurance coverage solely through a contract with a health insurance issuer, you will not be liable for the excise tax under Part II for any failure (other than a failure under section 9811) that is solely the result of the health insurance coverage offered by the issuer.

“Small employer” is generally defined as an employer who employed an average of at least 2 but not more than 50 employees on business days during the preceding calendar year, and who employs at least 2 employees on the

first day of the current plan year. Special rules apply to employers not in existence in the preceding year. See section 4980D(d)(2)(B).

### Section A. Failures Due to Reasonable Cause and Not to Willful Neglect

If the failure or failures were due to reasonable cause and not to willful neglect, complete Part II, Section A, lines 17 through 28.

**Line 17.** Calculate the total number of days of noncompliance within the reporting period beginning on the date the failure first occurred and ending on the date the failure is corrected.



*The noncompliance period may include portions of more than one plan year (in the case of an employee benefit plan) or one tax year (in the case of an employer or third-party administrator). In that case, only the portion of the noncompliance period falling within that plan year or tax year would be used to calculate the excise tax due for that year.*

**Line 21.** No tax is due for any failure under Part II, Section A, if it is established to the satisfaction of the Secretary of the Treasury that no one liable for the tax knew, or exercising reasonable diligence would have known, that the failure occurred. Additionally, no tax is due if the failure under Part II, Section A, was due to reasonable cause and not due to willful neglect and the failure was corrected during the 30-day period beginning on the first date anyone liable for the tax knew, or exercising reasonable diligence would have known, that the failure existed.

For this purpose, a failure is treated as corrected if the failure is retroactively undone to the extent possible and the person to whom the failure relates is placed in a financial position which is as good as such person would have been in had the failure not occurred.

In the case of a church plan, the failure must be corrected before the close of the correction period, as defined under section 414(e)(4)(C).

**Line 22.** The minimum excise tax under Part II, Section A, is \$2,500 for each qualified beneficiary for whom one or more failures occurred if the failure or failures were not corrected before the date a notice of examination of income tax liability was sent from the IRS and the failure or failures continued during the examination period. The minimum

excise tax under Part II, Section A, is \$15,000 if the failure or failures are determined to be more than *de minimis*.

**Exception for church plans.** The \$2,500 (or \$15,000, if applicable) minimum excise tax does not apply to a church plan, as defined in section 414(e). If your plan meets the requirements for a church plan, enter “-0-” on this line and go to line 23.

**Line 24.** If you had more than one failure during the reporting period, complete lines 17 through 23 in a separate Part II, Section A, for each failure and enter the total from line 23 from all copies of Part II, Section A, on line 24 of your summary form. See the discussion under Part I earlier.

**Line 25.** For a single employer plan, enter on this line the aggregate amount paid or incurred during the preceding tax year by the employer (or a predecessor) for its group health plan. For a multiemployer plan, enter on this line the amount paid or incurred during the current tax year to provide medical care, directly or through insurance or reimbursement.

### Section B. Failure Due to Willful Neglect or Otherwise Not Due to Reasonable Cause

If the failure or failures were due to willful neglect or otherwise not due to reasonable cause, complete Part II, Section B, lines 29 through 33.

**Line 29.** Calculate the total number of days of noncompliance within the reporting period beginning on the date the failure first occurred and ending on the date the failure is corrected.

**Line 33.** If you had more than one failure during the reporting period, complete lines 29 through 32 in a separate Part II, Section B, for each qualifying event and enter the total from line 32 from all copies of Part II, Section B, on line 33 of your summary form. See the discussion under Part I earlier.

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

An employer is liable for tax under section 4980E if he fails to make comparable contributions to the Archer MSAs of all comparable participating employees for each coverage period during the calendar year.



“Comparable contributions” are contributions which are the same amount or which are the same percentage of the annual deductible limit under the high deductible health plan covering the employees.

“Comparable participating employees” are employees who are eligible individuals covered under any high deductible health plan of the employer, and who have the same category of coverage.

To determine whether contributions are comparable, see Regulations sections 54.4980G-1 through 54.4980G-7.

**Line 35.** Enter the aggregate amount contributed to employees' Archer MSAs for tax years ending with or within the calendar year.

**Waiver of excise tax.** The Secretary may waive part or all of the excise tax under this part, to the extent that payment of the tax would be excessive relative to the failure involved. This only applies to failures due to reasonable cause and not to willful neglect.

**Controlled group.** For purposes of this part, all persons treated as a single employer under section 414(b), (c), (m), or (o) will be treated as one employer.

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

An employer is liable for tax under section 4980G if he fails to make comparable contributions to the HSAs of all comparable participating employees for each coverage period during the calendar year.

**Line 37.** Enter the aggregate amount contributed to employees' health savings accounts for tax years ending with or within the calendar year.

**Waiver of excise tax.** The Secretary may waive part or all of the excise tax

under this part, to the extent that payment of the tax would be excessive relative to the failure involved. This only applies to failures due to reasonable cause and not to willful neglect.

**Controlled group.** For purposes of this part, all persons treated as a single employer under section 414(b), (c), (m), or (o) will be treated as one employer.

## Part V. Tax Due



Make your check or money order payable to the “United States Treasury” for the full amount due. Attach the payment to your return. Write your name, identifying number, plan number, and “Form 8928, Part(s)\_\_\_\_\_” on your payment.

File at the address shown under *Where To File*, earlier.

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the internal revenue laws of the United States. Taxpayers subject to the provisions of sections 4980B, 4980D, 4980E, and 4980G are required to provide the information requested on this form. Section 6109 requires you to provide your identifying number. If you fail to provide this information in a timely manner, you may be liable for penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to other federal agencies as authorized by law, and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act

unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any internal revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

<b>Recordkeeping</b> . . . . .	12 hrs., 40 min.
<b>Learning about the law or the form</b> . . . . .	4 hrs., 0 min.
<b>Preparing and sending the form to the IRS</b> . . . . .	6 hrs., 47 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can send your comments to the

Internal Revenue Service  
Tax Forms and Publications  
SE:W;CAR:MP:TFP  
1111 Constitution Ave. NW,  
IR-6526  
Washington, DC 20224

Do not send this form to this address. Instead, see [Where To File](#) on page 1. We respond to many letters by telephone. Therefore, it would be helpful if you would include your daytime phone number, including the area code, in your correspondence. Although we cannot respond individually to each comment received, we do appreciate your feedback and will consider your comments as we revise our tax products.