

# MEDICAL SAVINGS TRACKER

Tax Year: 2024

Account: HSA / FSA / MSA

Annual Contribution Goal

\$0.00

Total YTD Contributions

\$0.00

Remaining Balance

\$0.00

DATE	PROVIDER / DESCRIPTION	CATEGORY	WITHDRAWAL	DEPOSIT
------	------------------------	----------	------------	---------

**DATE**

**PROVIDER / DESCRIPTION**

**CATEGORY**

**WITHDRAWAL**

**DEPOSIT**

**TOTALS**

\$  
\$

Keep all original receipts for 3 years. Consult a tax professional for eligibility guidelines.