

Note: The draft you are looking for begins on the next page.

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TREASURY/IRS AND OMB USE ONLY DRAFT

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

Internal Revenue Service Filer's tax vear beginning

Name of filer (see instructions)

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.

and ending

OMB No. 1545-2146

B Filer's employer identification

number (ĖIN)

Number and street (If a P.O. box, see instructions) Room or suite no. City or town ZIP or foreign postal code **E** Plan sponsor's EIN State or province Country Name of plan F Plan year ending (MM/DD/YYYY) 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 **IRS** Use Only 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 If you entered 2 or more on line 2, multiply line 1 by \$200. Otherwise, multiply line 1 by \$100 3 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. 4 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, 5 6 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 Enter the aggregate amount paid or incurred during the preceding tax 8 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 9 9 10 10 Enter the smallest of lines 7, 9, or 10. For a third-party administrator, HMO, or insurance 11 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 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 Enter the number of qualified beneficiaries for which a failure occurred 13

13

Cat. No. 37742T

14

15

Section C - Total Tax Due Under Section 4980B

14

as a result of this qualifying event

If you entered 2 or more on line 13, multiply line 12 by \$200. Otherwise, multiply line 12 by \$100.

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 . . .

TREASURY/IRS AND OMB USE ONLY DRAFT

Form 89	28 (Rev	. 12-2025)			Page 2
Name o	of filer:	Filer's EIN:			
Part		Tax on Failure To Meet Portability, Access, Renewability, and Other Requirements Un Complete a separate Part II, lines 17 through 23, for failures due to reasonable cause and not to willful lines 29–32, for other failures to meet certain group health plan requirements that occurred during the	neglect,	and a	separate Part II,
Section	n Δ.	- Failures Due to Reasonable Cause and Not to Willful Neglect	For		
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17	Enter	the total number of days of noncompliance in the reporting period		17	
18		the number of individuals to whom the failure relates 18			
19	Multi	oly line 17 by line 18			
20		oly line 19 by \$100		20	
21	If the	failure was not discovered despite exercising reasonable diligence or was corrected			
	withir	the correction period and was due to reasonable cause, enter -0- here, and go to line therwise, 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			
		yer and the failure continued during the examination period, multiply \$2,500 by the number of individuals			
		om the failure relates (multiply by \$15,000 to the extent the violations were more than de minimis for an			
	individ	lual). If the failures were corrected before the date a notice of examination was sent, enter -0		22	
23		the smaller of line 20 or line 22		23	
24		re was more than one failure, add the amounts shown on line 23 of all forms, and enter			
	the to	otal 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			
		le employer group health plan or the amount paid or incurred during the			
		nt tax year for a multiemployer health plan to provide medical care 25			
26	Multi	oly line 25 by 10% (0.10)		26	
27	Amou	unt from section 4980D(c)(3)		27	
28	Enter	the smallest of lines 24, 26, or 27		28	
Section	on 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			
31	Multi	oly line 29 by line 30			
32	Multip	oly line 31 by \$100		32	
33		re was more than one failure, add the amounts shown on line 32 of all forms, and enter			
		otal on a single "summary" form. Otherwise, enter the amount from line 32 above		33	
Section C - Total Tax Due Under Section 4980D					
34		ines 28 and 33	127	34	
Part	_	Tax on Failure To Make Comparable Archer MSA Contributions Under Sectio	n 4980	E	
35		egate amount contributed to Archer MSAs of employees within calendar year		35	
36		tax due under section 4980E. Multiply line 35 by 35% (0.35)	128	36	
Part I		Tax on Failure To Make Comparable HSA Contributions Under Section 49800	à		
37		egate amount contributed to HSAs of employees within calendar year		37	
38		tax due under section 4980G. Multiply line 37 by 35% (0.35)	137	38	
Part		Tax Due or Overpayment			1
39		ines 16, 34, 36, and 38		39	
40		amount of tax paid with Form 7004		40	
41	includ	Idue. If line 39 is more than line 40, subtract line 40 from line 39. For details on how to pay, ding how to pay electronically, go to www.irs.gov/Payments , or see the instructions		41	
42a	from	payment. If the amount on line 40 is more than the amount on line 39, subtract line 39 line 40 and complete lines 42b, 42c, and 42d		42a	
b d					
٥.		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.			
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Firm's address

Phone no.