

Flexible Spending Account (FSA): Worksheet

HEALTH CARE

1. Do you or any of your dependents incur health care expenses that are **not** reimbursed by insurance? (*Examples: Annual medical exams, prescription drugs, orthodontia, eyeglasses, insurance deductibles.*) Yes No
2. If so, approximately how much are these expenses annually? \$ _____

DEPENDENT CARE

1. If you are married, does your spouse work or attend school on a full-time basis? Yes No N/A
2. If you are **not** married, do you have a child or other dependent living in your home? Yes No N/A
3. If you answered “yes” to number 1 or number 2 above, do you have a child (under age 13) or other dependent living in your home who requires daycare or a similar expense? (*Examples: Daycare center, babysitter, nanny.*) Yes No N/A
4. If you answered “yes” to number 3 above, approximately how much are these expenses annually? \$ _____

HEALTH AND DEPENDENT CARE EXPENSES

	with FSA (1)	without FSA (2)		
Salary	_____	_____	With FSA	
FSA Contribution	- _____	- 0.00 _____	Spendable	
Taxable Pay	_____	_____	Income	
Estimate Tax (27.65%)*	- _____	- _____	(amount from	
After-Tax Salary	_____	_____	column 1)	_____
After-Tax Expense	- 0.00 _____	- _____	Without FSA	
Spendable Income	=====	=====	Spendable	
			income	
			(amount from	
			column 2)	-
			Tax Savings	_____

*Assumes 15% federal income tax, 5% state income tax, and 7.65% Social Security tax.