

☐ CORRECTED (if checked)

TRUSTEE'S/PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number			OMB No. 1545-1517	Distributions From an HSA, Archer MSA, or Medicare Advantage MSA
			Form 1099-SA	
			(Rev. November 2019)	
			For calendar year 20	
PAYER'S TIN	RECIPIENT'S TIN	1 Gross distribution \$	2 Earnings on excess cont. \$	Copy B For Recipient This information is being furnished to the IRS.
RECIPIENT'S name Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code		3 Distribution code	4 FMV on date of death \$	
		5 HSA <input type="checkbox"/> Archer MSA <input type="checkbox"/> MA MSA <input type="checkbox"/>		
Account number (see instructions)				

Form **1099-SA** (Rev. 11-2019)

(keep for your records)

www.irs.gov/Form1099SA

Department of the Treasury - Internal Revenue Service