

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 HSA Bank, a division of Webster Bank, N.A. 605 N. 8th Street, Ste. 320 Sheboygan, WI 53081		OMB No. 1545-1517 Form 1099-SA (Rev. November 2019) For calendar year 20 20	
PAYER'S TIN 06-0273620	RECIPIENT'S TIN XXX-XX-2356	1 Gross distribution \$ 176.40	2 Earnings on excess cont. \$
RECIPIENT'S name Gowri C Kamarthy Street address (including apt. no.) 34 Golf Rd City or town, state or province, country, and ZIP or foreign postal code Pleasanton CA 94566		3 Distribution code 1-Normal Distribution	4 FMV on date of death \$
Account number (see instructions) 27478729		5 HSA <input checked="" type="checkbox"/> Archer <input type="checkbox"/> MSA <input type="checkbox"/> MA <input type="checkbox"/> MSA <input type="checkbox"/>	

**Distributions
From an HSA,
Archer MSA, or
Medicare Advantage
MSA**

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This information
is being furnished
to the IRS.

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

(keep for your records)

www.irs.gov/Form1099SA

Department of the Treasury - Internal Revenue Service

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