

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 Becker, Marquardt and Bashirian 494 Okuneva Lodge Satterfieldport, MA 40749 555-867-5309		OMB No. 1545-1517 Form 1099-SA (Rev. April 2025) For calendar year <u>2025</u>		Distributions From an HSA, Archer MSA, or Medicare Advantage MSA
PAYER'S TIN 00-0325103	RECIPIENT'S TIN 000-96-7317	1 Gross distribution \$ 200.00	2 Earnings on excess cont. \$ 300.00	Copy B For Recipient
RECIPIENT'S name Odell Spencer Street address (including apt. no.) 5126 Arden Club City or town, state or province, country, and ZIP or foreign postal code Luettgenmouth, ND 46157		3 Distribution code distributionCode	4 FMV on date of death \$ 400.00	
Account number (see instructions) 537-03581-4		5 HSA <input checked="" type="checkbox"/> Archer MSA <input checked="" type="checkbox"/> MA MSA <input checked="" type="checkbox"/>		This information is being furnished to the IRS.

Form **1099-SA** (Rev. 4-2025)

(keep for your records)

www.irs.gov/Form1099SA

Department of the Treasury - Internal Revenue Service

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