

☐ 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 <b>Becker, Marquardt and Bashirian</b> <b>494 Okuneva Lodge</b> <b>Satterfieldport, MA 40749</b> <b>555-867-5309</b>		OMB No. 1545-1517 Form <b>1099-SA</b> (Rev. April 2025) For calendar year <u>2025</u>		<b>Distributions From an HSA, Archer MSA, or Medicare Advantage MSA</b>  <b>Copy B For Recipient</b>  This information is being furnished to the IRS.
PAYER'S TIN <b>00-0325103</b>	RECIPIENT'S TIN <b>000-28-9472</b>	<b>1</b> Gross distribution \$ <b>200.00</b>	<b>2</b> Earnings on excess cont. \$ <b>300.00</b>	
RECIPIENT'S name <b>Ezekiel Heathcote</b>		<b>3</b> Distribution code <b>distributionCode</b>	<b>4</b> FMV on date of death \$ <b>400.00</b>	
Street address (including apt. no.) <b>271 Sandi Mission</b> City or town, state or province, country, and ZIP or foreign postal code <b>Towneton, IA 35143</b>		<b>5</b> HSA <input checked="" type="checkbox"/> Archer MSA <input checked="" type="checkbox"/> MA MSA <input checked="" type="checkbox"/>		
Account number (see instructions) <b>700-34667-2</b>				

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

(keep for your records)

[www.irs.gov/Form1099SA](http://www.irs.gov/Form1099SA)

Department of the Treasury - Internal Revenue Service