

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  <b>Form 1099-SA</b> (Rev. April 2025)  For calendar year <u>2025</u>	<b>Distributions From an HSA, Archer MSA, or Medicare Advantage MSA</b>
PAYER'S TIN  00-0325103	RECIPIENT'S TIN  000-28-9472	<b>1</b> Gross distribution  \$ 200.00	<b>2</b> Earnings on excess cont.  \$ 300.00
RECIPIENT'S name  Ezekiel Heathcote		<b>3</b> Distribution code  distributionCode	<b>4</b> FMV on date of death  \$ 400.00
Street address (including apt. no.)  271 Sandi Mission		<b>5</b> HSA Archer MSA MA MSA	
City or town, state or province, country, and ZIP or foreign postal code  Towneton, IA 35143			
Account number (see instructions)  700-34667-2			

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

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