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CORRECTED

TRUSTEE'S/PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number Sample HSA Provider				OMB No. 1545-1517	Distributions From an HSA, Archer MSA, or Medicare Advantage MSA
				Form 1099-SA	
				(Rev. April 2025)	
				For calendar year	
PAYER'S TIN Health Savings St, HSA City, ST	RECIPIENT'S TIN 55-4443332	1 Gross distribution \$ 5000.00	2 Earnings on excess cont. \$ 100.00	Copy A For Internal Revenue Service Center For filing information, Privacy Act, and Paperwork Reduction Act Notice, see the General Instructions for Certain Information Returns. www.irs.gov/Form1099	
RECIPIENT'S name 66-7778889		3 Distribution code	4 FMV on date of death \$		
Street address (including apt. no.) Tom Healthy		5 HSA <input type="checkbox"/>			
City or town, state or province, country, and ZIP or foreign postal code 654 Wellness Rd, Health Town, ST 67890		Archer MSA <input type="checkbox"/>			
Account number (see instructions)		MA MSA <input type="checkbox"/>			

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

Cat. No. 38471D

www.irs.gov/Form1099SA

Department of the Treasury - Internal Revenue Service

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