

9494



VOID



CORRECTED

TRUSTEE'S/PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number				OMB No. 1545-1517	
				Form <b>1099-SA</b>	
				(Rev. April 2025)	
				For calendar year _____	
PAYER'S TIN	RECIPIENT'S TIN	<b>1</b> Gross distribution \$	<b>2</b> Earnings on excess cont. \$	<b>Copy A</b>  <b>For Internal Revenue Service Center</b>  For filing information, Privacy Act, and Paperwork Reduction Act Notice, see the <b>General Instructions for Certain Information Returns.</b> <a href="http://www.irs.gov/Form1099">www.irs.gov/Form1099</a>	
RECIPIENT'S name		<b>3</b> Distribution code	<b>4</b> FMV on date of death \$		
Street address (including apt. no.)		<b>5</b> HSA <input type="checkbox"/> Archer MSA <input type="checkbox"/> MA MSA <input type="checkbox"/>			
City or town, state or province, country, and ZIP or foreign postal code					
Account number (see instructions)					

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

Cat. No. 38471D

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

Department of the Treasury - Internal Revenue Service

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