

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		OMB No. 1545-1517 <b>2017</b> Form <b>1099-SA</b>		<b>Distributions From an HSA, Archer MSA, or Medicare Advantage MSA</b>
PAYER'S federal identification number	RECIPIENT'S identification number	<b>1</b> Gross distribution \$	<b>2</b> Earnings on excess cont. \$	
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"/>		
City or town, state or province, country, and ZIP or foreign postal code		Archer MSA <input type="checkbox"/>		
Account number (see instructions)		MA MSA <input type="checkbox"/>		

Form **1099-SA**

(keep for your records)

[www.irs.gov/form1099sa](http://www.irs.gov/form1099sa)

Department of the Treasury - Internal Revenue Service