

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 2018 Form 1099-SA		Distributions From an HSA, Archer MSA, or Medicare Advantage MSA
PAYER'S TIN	RECIPIENT'S TIN			
1 Gross distribution \$		2 Earnings on excess cont. \$		
3 Distribution code		4 FMV on date of death \$		
RECIPIENT'S name		5 HSA <input type="checkbox"/>		
Street address (including apt. no.)		Archer MSA <input type="checkbox"/>		
City or town, state or province, country, and ZIP or foreign postal code		MA MSA <input type="checkbox"/>		
Account number (see instructions)				

Form **1099-SA**

www.irs.gov/Form1099SA

Department of the Treasury - Internal Revenue Service