

2727

VOID CORRECTED

TRUSTEE'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number	1 Employee or self-employed person's Archer MSA contributions made in 2022 and 2023 for 2022 \$	OMB No. 1545-1518 2022 Form 5498-SA
	2 Total contributions made in 2022 \$	

HSA, Archer MSA, or Medicare Advantage MSA Information

TRUSTEE'S TIN	PARTICIPANT'S TIN	3 Total HSA or Archer MSA contributions made in 2023 for 2022 \$
PARTICIPANT'S name	4 Rollover contributions \$	5 Fair market value of HSA, Archer MSA, or MA MSA \$
Street address (including apt. no.)	6 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"/>	

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For Privacy Act and Paperwork Reduction Act Notice, see the **2022 General Instructions for Certain Information Returns.**

Form **5498-SA** 41-0852411 www.irs.gov/Form5498SA Department of the Treasury - Internal Revenue Service
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