

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 1099-SA (Rev. November 2019) For calendar year 20	
--	--	---	--

Distributions From an HSA, Archer MSA, or Medicare Advantage MSA

PAYER'S TIN	RECIPIENT'S TIN	1 Gross distribution \$	2 Earnings on excess cont. \$
RECIPIENT'S name		3 Distribution code	4 FMV on date of death \$
Street address (including apt. no.)		5 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)			

Copy A For Internal Revenue Service Center File with Form 1096.
For Privacy Act and Paperwork Reduction Act Notice, see the **current General Instructions for Certain Information Returns.**

Form **1099-SA** (Rev. 11-2019) 41-0852411 www.irs.gov/Form1099SA Department of the Treasury - Internal Revenue Service

Do Not Cut or Separate Forms on This Page — Do Not Cut or Separate Forms on This Page

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 1099-SA (Rev. November 2019) For calendar year 20	
--	--	---	--

Distributions From an HSA, Archer MSA, or Medicare Advantage MSA

PAYER'S TIN	RECIPIENT'S TIN	1 Gross distribution \$	2 Earnings on excess cont. \$
RECIPIENT'S name		3 Distribution code	4 FMV on date of death \$
Street address (including apt. no.)		5 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)			

Copy A For Internal Revenue Service Center File with Form 1096.
For Privacy Act and Paperwork Reduction Act Notice, see the **current General Instructions for Certain Information Returns.**

Form **1099-SA** (Rev. 11-2019) 41-0852411 www.irs.gov/Form1099SA Department of the Treasury - Internal Revenue Service

Do Not Cut or Separate Forms on This Page — Do Not Cut or Separate Forms on This Page

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 1099-SA (Rev. November 2019) For calendar year 20	
--	--	---	--

Distributions From an HSA, Archer MSA, or Medicare Advantage MSA

PAYER'S TIN	RECIPIENT'S TIN	1 Gross distribution \$	2 Earnings on excess cont. \$
RECIPIENT'S name		3 Distribution code	4 FMV on date of death \$
Street address (including apt. no.)		5 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)			

Copy A For Internal Revenue Service Center File with Form 1096.
For Privacy Act and Paperwork Reduction Act Notice, see the **current General Instructions for Certain Information Returns.**

Form **1099-SA** (Rev. 11-2019) LSA 41-0852411 5123 www.irs.gov/Form1099SA Department of the Treasury - Internal Revenue Service

DETACH BEFORE MAILING
MANUFACTURED ON OGR LASER BOND PAPER USING HEAT RESISTANT INKS