	CORRE	CTED (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		Distributions	
			Form 1099-SA	From an HSA, Archer MSA, or Medicare Advantage		
			(Rev. November 2019)			
			For calendar year			
			20		MSA	
PAYER'S TIN	RECIPIENT'S TIN	Gross distribution	2 Earnings on excess	s cont.	Copy B For	
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code		3 Distribution code	4 FMV on date of de			
		5 HSA	\$			
		Archer Archer				
		MSA L	is being furnis		is being furnished	
		MA MSA			to the IRS.	
Account number (see instructions)						
Form <b>1099-SA</b> (Rev. 11-2019)	(keep for your records)	www.irs.gov/Form1099SA	Department of the T	reasury -	Internal Revenue Service	
_		CTED (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		Distributions	
			Form 1099-SA		From an HSA,	
			(Rev. November 2019)		Archer MSA, or	
			For calendar year	Med	Medicare Advantage MSA	
			20			
PAYER'S TIN	RECIPIENT'S TIN	1 Gross distribution \$	2 Earnings on excess	s cont.	Copy B For	
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code		3 Distribution code	4 FMV on date of de			
			\$			
		5 HSA	This inform is being furn to the		<b></b>	
		MSA 📖			is being furnished	
		MA MSA			to the IRS.	
Account number (see instructions)						
Form <b>1099-SA</b> (Rev. 11-2019)	(keep for your records)	www.irs.gov/Form1099SA	Department of the T	reasury -	Internal Revenue Service	
	□ CORRE	CTED (if checked)				
TRUSTEE'S/PAYER'S name, street address, city or town, state or province,		l l l l l l l l l l l l l l l l l l l	OMB No. 1545-1517		Distributions	
country, ZIP or foreign postal code, and telephone number			Form 1099-SA		From an HSA,	
			(Rev. November 2019)		Archer MSA, or	
			For calendar year	Med	ledicare Advantage	
			20		MSA	
PAYER'S TIN	RECIPIENT'S TIN	1 Gross distribution	2 Earnings on excess	s cont.	Сору В	
DECIDIFATIO		S Distribution and	\$ Fo			
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code		3 Distribution code	4 FMV on date of death Recipier			
			\$			
		5 HSA				
		Archer MSA			This information	
		MA 🦳			is being furnished to the IRS.	
Account number (see instructions)		MSA L			to the ind.	
Account number (see instructions)						