

☐ 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	
PAYER'S TIN	RECIPIENT'S TIN	1 Gross distribution \$	2 Earnings on excess cont. \$
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 \$
		5 HSA <input type="checkbox"/> Archer MSA <input type="checkbox"/> MA MSA <input type="checkbox"/>	
Account number (see instructions)			

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

**Copy C
For
Trustee/Payer
or State Copy**
For Privacy Act
and Paperwork
Reduction Act
Notice, see the
**current General
Instructions for
Certain
Information
Returns.**

Form **1099-SA** (Rev. 11-2019)

www.irs.gov/Form1099SA

Department of the Treasury - Internal Revenue Service

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