

CORRECTED (if checked)

TRUSTEE'S/PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number Tax Form Issuer, Inc 12021 Sunset Valley Dr Suite 230 Preston, VA 20191 888-555-1212		OMB No. 1545-1517 Form 1099-SA (Rev. November 2019) For calendar year 20 22		Distributions From an HSA, Archer MSA, or Medicare Advantage MSA
PAYER'S TIN 12-3456789	RECIPIENT'S TIN xxx-xx-1234	1 Gross distribution \$ 1000.00	2 Earnings on excess cont. \$ 200.00	
RECIPIENT'S name Kris Q Public Street address (including apt. no.) 1 Main St City or town, state or province, country, and ZIP or foreign postal code Melrose, NY 12121		3 Distribution code A	4 FMV on date of death \$ 400.00	Copy B For Recipient This information is being furnished to the IRS.
		5 HSA <input checked="" type="checkbox"/> Archer MSA <input type="checkbox"/> MA MSA <input type="checkbox"/>		
Account number (see instructions) 111-23456				

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

(keep for your records)

www.irs.gov/Form1099SA

Department of the Treasury - Internal Revenue Service

Tax Form Issuer, Inc
 12021 Sunset Valley Dr
 Suite 230
 Preston, VA 20191

Kris Q Public
 1 Main St
 Melrose, NY 12121

