

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		Copy B For Recipient This information is being furnished to the IRS.
RECIPIENT'S name Kris Q Public		3 Distribution code A	4 FMV on date of death \$ 400.00		
Street address (including apt. no.) 1 Main St		5 HSA <input checked="" type="checkbox"/>			
City or town, state or province, country, and ZIP or foreign postal code Melrose, NY 12121		Archer MSA <input type="checkbox"/>			
Account number (see instructions) 111-23456		MA MSA <input type="checkbox"/>			

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

(keep for your records)

www.irs.gov/Form1099SA

Department of the Treasury - Internal Revenue Service

QR CODE WITH TAX DOCUMENT DATA

The Financial Data Exchange standards-setting organization defines the use of QR codes for US Tax data.

For more information about how this code can be used visit:
<https://financialdataexchange.org/us-tax>

