

☐ 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 West-Wisoky 10270 Smith Union Apt 728 Caitlinport, WI 02177 555-867-5309		OMB No. 1545-1517 Form 1099-SA (Rev. April 2025) For calendar year <u>2026</u>		Distributions From an HSA, Archer MSA, or Medicare Advantage MSA Copy B For Recipient This information is being furnished to the IRS.
PAYER'S TIN 00-0735269	RECIPIENT'S TIN xxx-xx-3581	1 Gross distribution \$ 200.00	2 Earnings on excess cont. \$ 300.00	
RECIPIENT'S name Porter Odette Grimes Street address (including apt. no.) 2443 Reinger Shores Apt 477 City or town, state or province, country, and ZIP or foreign postal code Adrianestad, UT 16967		3 Distribution code 1	4 FMV on date of death \$ 400.00	
		5 HSA ☒ Archer MSA ☒ MA MSA ☒		
Account number (see instructions) 689-42830-4				

Form **1099-SA** (Rev. 4-2025)

(keep for your records)

www.irs.gov/Form1099SA

Department of the Treasury - Internal Revenue Service