☐ 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			OMB No. 1545-1517 Form **1099-SA** (Rev. April 2025) For calendar year **2026**	**Distributions From an HSA, Archer MSA, or Medicare Advantage MSA**
John Doe **123 s 2nd st** **Maimi, Fl - 33139** **(123)-456-7899**				
PAYER'S TIN **12-3456789**	RECIPIENT'S TIN **xxx-xx-123**	**1** Gross distribution $ **1000**	**2** Earnings on excess cont. $	**Copy B** **For Recipient**
RECIPIENT'S name **James Smith**		**3** Distribution code	**4** FMV on date of death $	
Street address (including apt. no.) **456 w 3rd St** City or town, state or province, country, and ZIP or foreign postal code **Beverly Hills, CA - 90210**		**5** HSA ☑ Archer MSA ☐ MA MSA ☐		This information is being furnished to the IRS.
Account number (see instructions) **123456789**				

Form **1099-SA** (Rev. 4-2025) (keep for your records) www.irs.gov/Form1099SA Department of the Treasury - Internal Revenue Service