☐ CORRECTED (if checked)

TRUSTEE'S name **John Doe**				**1** Employee's or self-employed person's Archer MSA contributions made in the calendar year and the subsequent year for the calendar year $	OMB No. 1545-1518 Form **5498-SA** (Rev. December 2026) For calendar year **2026**
Street address **123 s 2nd st**			Room/suite no.		
City/town **Miami**	State/province **Florida**	Country **USA**	ZIP/foreign code **33139**		
Telephone number: **(123)-456-7899**				**2** Total contributions made in the calendar year $	
TRUSTEE'S TIN **12-3456789**	PARTICIPANT'S TIN **xxx-xx-123**			**3** Total HSA or Archer MSA contributions made in the subsequent year for the calendar year $	
PARTICIPANT'S name **James Smith**					
Street address **456 w 3rd St**			Apt. no.	**4** Rollover contributions $	**5** Fair market value of HSA, Archer MSA, or MA MSA $
City/town **Beverly Hills**	State/province **California**	Country **USA**	ZIP/foreign code **90210**	**6** HSA ☐ Archer MSA ☐ MA MSA ☐	
Account number (see instructions) **123456789**					

HSA, Archer MSA, or Medicare Advantage MSA Information

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For Participant

This information is being furnished to the IRS.