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## IMPORTANT NOTICE

Please review these tax documents carefully. If you find a discrepancy, please contact the Customer Service number provided on your statement no later than May 31

## ՈՄՈՒ-ՈՒՈՒՈ-ՈՈՒ-ՈՈ-ՈՈ-ԻՈՒՈՒՈ-ՈԽԵՈ-Ո**ա**-

KOMAL JOSHI 5225 TOWN AND COUNTRY BLVD APT 302 FRISCO TX 75034-8272

## **HSA Account Holders:**

If your maximum contribution limit has not been reached, we can accept contributions to your HSA until April 15. If you do make an additional contribution, or have already done so, we will furnish a final 5498-SA by May 31 reflecting the additional contribution.



TRUSTEE'S/PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number THE BANK OF NEW YORK MELLON BENEFITWALLET H.S.A. PO BOX 535473 PITTSBURGH, PA 15253		CORRECTED (if checked)	OMB No. 1545-1517 Form 1099-SA  (Rev. November 2019) For calendar year 2020	Distributions From an HSA, Archer MSA, or Medicare Advantage MSA
PAYER'S TIN 13-5160382 RECIPIENT'S name, street address (including province, country, and ZIP or foreign points) (MOMAL JOSHI 3198 PARKWOOD BLVD 21027 FRISCO, TX 75034	RECIPIENT'S TIN  ***-**-2096  ling apt no.), city or town, state stal code	1 Gross distribution  2,084.96  3 Distribution code  1  5 HSA X  Archer MSA MA MSA	Earnings on excess cont.      FMV on date of death	Copy B For Recipient This information Is being furnished to the IRS.
Account Number: 95004180102590				
Form 1099-SA (Rev. 11-2019) (keep for your records)		www.irs.gov/Form1099SA Department of the Treasur		asury - Internal Revenue Service

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