

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 HSA Bank, a division of Webster Bank, N.A. 605 N 8th Street, STE 320 Sheboygan WI 53081		OMB No. 1545-1517 Form <b>1099-SA</b> (Rev. November 2019) For calendar year 20 20		<b>Distributions From an HSA, Archer MSA, or Medicare Advantage MSA</b>
PAYER'S TIN 06-0273620	RECIPIENT'S TIN xxx-xx-4207	1 Gross distribution \$ 1,205.00	2 Earnings on excess cont. \$ 0.00	
RECIPIENT'S name VINITHA SARO THIRUKUDA SUNDARAM		3 Distribution code 1 -	4 FMV on date of death \$ 0.00	<b>Copy B For Recipient</b>  This information is being furnished to the IRS.
Street address (including apt. no.) 455 CRES AVE APT NO 8 City or town, state or province, country, and ZIP or foreign postal code SUNNYVALE CA 94087		5 HSA <input checked="" type="checkbox"/> Archer MSA <input type="checkbox"/> MA MSA <input type="checkbox"/>		
Account number (see instructions) 50966705				

Form **1099-SA** (Rev. 11-2019) (keep for your records) [www.irs.gov/Form1099SA](http://www.irs.gov/Form1099SA) Department of the Treasury - Internal Revenue Service

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