

CORRECTED (if checked)

TRUSTEE'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		1 Employee or self-employed person's Archer MSA contributions made in 2020 and 2021 for 2020 \$	OMB No. 1545-1518 2020 Form 5498-SA	HSA, Archer MSA, or Medicare Advantage MSA Information
TRUSTEE'S TIN 06-0273620		2 Total contributions made in 2020 \$ 409.74		
PARTICIPANT'S TIN XXX-XX-9542		3 Total HSA or Archer MSA contributions made in 2021 for 2020 \$		
PARTICIPANT'S name Amit Jain Street address (including apt. no.) 94 Norborough Dr City or town, state or province, country, and ZIP or foreign postal code North Attleboro MA 02760		4 Rollover contributions \$	5 Fair market value of HSA, Archer MSA, or MA MSA \$ 0.00	
Account number (see instructions) 28775725		6 HSA <input checked="" type="checkbox"/> Archer MSA <input type="checkbox"/> MA MSA <input type="checkbox"/>		Copy B For Participant This information is being furnished to the IRS.

Form **5498-SA**

(keep for your records)

www.irs.gov/Form5498SA

Department of the Treasury - Internal Revenue Service

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 1099-SA (Rev. November 2019) For calendar year 20 20	Distributions From an HSA, Archer MSA, or Medicare Advantage MSA
PAYER'S TIN 06-0273620		RECIPIENT'S TIN XXX-XX-9542		1 Gross distribution \$ 310.48	
RECIPIENT'S name Amit Jain Street address (including apt. no.) 94 Norborough Dr City or town, state or province, country, and ZIP or foreign postal code North Attleboro MA 02760		3 Distribution code 1-Normal Distribution		2 Earnings on excess cont. \$	
Account number (see instructions) 28775725		5 HSA <input checked="" type="checkbox"/> Archer MSA <input type="checkbox"/> MA MSA <input type="checkbox"/>		4 FMV on date of death \$	

Form **1099-SA** (Rev. 11-2019)

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