

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.	
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**Distributions
From an HSA,
Archer MSA, or
Medicare Advantage
MSA**

PAYER'S TIN 06-0273620	RECIPIENT'S TIN xxx-xx-1131	1 Gross distribution \$ 387.99	2 Earnings on excess cont. \$ 0.00
RECIPIENT'S name Shiva Myla		3 Distribution code 1	4 FMV on date of death \$ 0.00
Street address (including apt. no.) 4740 FALLOW LN City or town, state or province, country, and ZIP or foreign postal code CUMMING GA 30040		5 HSA <input checked="" type="checkbox"/> Archer MSA <input type="checkbox"/> MA MSA <input type="checkbox"/>	
Account number (see instructions) 38219174			

**Copy B
For
Recipient**

This information
is being furnished
to the IRS.

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