


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
WEX Inc.
1 Hancock Street
Portland ME 04101
877-470-1760

RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code
2-833-11214-0020398-002-1-000-000-000-000


KOUSTHUB MAHENDRA
4218 CONGLETON PL
DURHAM NC 27703-3480



OMB No. 1545-1517

2022

Form **1099-SA**

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

**Copy B
For
Recipient**

1 Gross distribution \$ 23.17	2 Earnings on excess cont. \$
3 Distribution code 1	4 FMV on date of death \$
5 HSA Archer <input checked="" type="checkbox"/> MSA <input type="checkbox"/> MA <input type="checkbox"/> MSA <input type="checkbox"/>	RECIPIENT'S TIN XXXX-XX-2539
PAYERS TIN 01-0526993	
Account number (see instructions) XXXXX2539	

This information is being furnished to the IRS.

Form **1099-SA**

(keep for your records)

www.irs.gov/Form1099SA

Department of the Treasury - Internal Revenue Service