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|--|-------------------|--|---|---|
| TRUSTEE'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number | | 1 Employee or self-employed person's Archer MSA contributions made in 2022 and 2023 for 2022 \$ | OMB No. 1545-1518 2022 Form 5498-SA | HSA, Archer MSA, or Medicare Advantage MSA Information |
| | | 2 Total contributions made in 2022 \$ | | |
| TRUSTEE'S TIN | PARTICIPANT'S TIN | 3 Total HSA or Archer MSA contributions made in 2023 for 2022 \$ | | Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2022 General Instructions for Certain Information Returns. |
| PARTICIPANT'S name | | 4 Rollover contributions \$ | 5 Fair market value of HSA, Archer MSA, or MA MSA \$ | |
| Street address (including apt. no.) | | 6 HSA <input type="checkbox"/> Archer MSA <input type="checkbox"/> MA MSA <input type="checkbox"/> | | |
| City or town, state or province, country, and ZIP or foreign postal code | | | | |
| Account number (see instructions) | | | | |

Form **5498-SA**

Cat. No. 38467V

www.irs.gov/Form5498SA

Department of the Treasury - Internal Revenue Service

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