

179690 0 0111 13833 55339 2/2 BIN:0

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 22

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

PAYER'S TIN  
06-0273620

RECIPIENT'S TIN  
xxx-xx-9069

1 Gross distribution  
\$ 1,659.11

2 Earnings on excess cont.  
\$ 0.00

RECIPIENT'S name  
SWATHI JASTHI

3 Distribution code  
1

4 FMV on date of death  
\$ 0.00

Street address (including apt. no.)  
1401 RED HAWK CIR K206  
City or town, state or province, country, and ZIP or foreign postal code  
FREMONT CA 94538

5 HSA   
Archer MSA   
MA MSA

Account number (see instructions)  
75292022

**Copy B  
For  
Recipient**  
  
This information  
is being furnished  
to the IRS.

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

(keep for your records)

www.irs.gov/Form1099SA

Department of the Treasury - Internal Revenue Service

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