

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 <b>1099-SA</b> (Rev. November 2019) For calendar year 20 22		<b>Distributions          From an HSA,          Archer MSA, or          Medicare Advantage          MSA</b>  <b>Copy B          For          Recipient</b>  This information is being furnished to the IRS.
PAYER'S TIN 06-0273620	RECIPIENT'S TIN xxx-xx-6471	<b>1</b> Gross distribution \$ 1,356.70	<b>2</b> Earnings on excess cont. \$ 0.00	
RECIPIENT'S name ASHISH JAIN  Street address (including apt. no.) 16824 SW BIRDSONG ST City or town, state or province, country, and ZIP or foreign postal code BEAVERTON OR 97007		<b>3</b> Distribution code 1	<b>4</b> FMV on date of death \$ 0.00	
Account number (see instructions) 45786784		<b>5</b> HSA <input checked="" type="checkbox"/> Archer MSA <input type="checkbox"/> MA <input type="checkbox"/> MSA <input type="checkbox"/>		
Form <b>1099-SA</b> (Rev. 11-2019)		(keep for your records)	<a href="http://www.irs.gov/Form1099SA">www.irs.gov/Form1099SA</a>	Department of the Treasury - Internal Revenue Service

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