



Optum Bank
PO Box 271629
Salt Lake City, UT 84127

AGATA GRUZA
13824 Long Shadow DR
Manor, TX 78653-0000

Important: IRS tax form 5498-SA for your health savings account (HSA)

Dear AGATA:

The enclosed IRS tax form 5498-SA shows your 2022 contributions to your Optum Bank health savings account (HSA). Please use this information to fill out IRS tax form 8889 which is what you'll need to submit your taxes. To access IRS tax form 8889 log in at irs.gov and navigate to Forms and Publications.

Here's what you need to know:

- Box 2 shows your total contributions made for 2022 including those made in 2022 for 2021, if applicable.
- You have until the tax filing deadline of this year to submit contributions for 2022. If you make any contributions in 2023 before the tax deadline for 2022 you will receive an updated 5498-SA in May.
- To get your total contributions for 2022 add Box 2 plus Box 3. Please note you if you made any contributions in 2022 for 2021 you need to review your updated 5498 for 2021 and subtract that Box 3.
- The Fair Market Value consists of your HSA cash balance and any investment balance as of 12/31/2022
- If you had a reportable distribution for 2022, you'll also get tax form 1099-SA. If you did not use (no distributions) your HSA in 2022 you will not get a 1099-SA.

Ready to say goodbye to printed forms? Log in to your account to access your HSA, click "Accounts" from menu bar, select "Account Management" and update your Communications preference to "Online."

Questions? Please log in at www.optumbank.com to access your HSA or call 1-866-234-8913.

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 Optum Bank P.O. Box 271629 Salt Lake City, UT 84127-1629		1 Employee or self-employed person's Archer MSA contributions made in 2022 and 2023 for 2022 \$	OMB No. 1545-1518 Form 5498-SA	HSA, Archer MSA, or Medicare Advantage MSA Information
		2 Total contributions made in 2022 \$7,299.82		
TRUSTEE'S federal identification number 47-0858534	PARTICIPANT'S social security number XXX-XXX-7728	3 Total HSA or Archer MSA contributions made in 2023 for 2022 \$0.00		Copy B For Participant This information is being furnished to the Internal Revenue Service.
PARTICIPANT'S name AGATA GRUZA Street address (including apt. no.) 13824 Long Shadow DR City or town, state or province, country, and ZIP or foreign postal code Manor, TX 78653-0000		4 Rollover contributions \$0.00	5 Fair market value of HSA, Archer MSA, or MA MSA \$12,918.48	
Account number (see instructions) 417860313		6 HSA <input checked="" type="checkbox"/> Archer MSA <input type="checkbox"/> MA MSA <input type="checkbox"/>		

Form 5498-SA

(keep for your records) www.irs.gov/form5498SA Department of the Treasury - Internal Revenue Service

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Note: Fees and interest earnings are not considered contributions or distributions and are not reported on either tax form. If you have questions regarding specific circumstances, you should contact a competent tax advisor or the IRS.

Instructions for Participant

This information is submitted to the IRS by the trustee of your health savings account (HSA), Archer medical savings account (MSA), or Medicare Advantage MSA (MA MSA).

Generally, contributions you make to your Archer MSA are deductible. Employer contributions are excluded from your income and aren't deductible by you. If your employer makes a contribution to one of your Archer MSAs, you can't contribute to any Archer MSA for that year. If you made a contribution to your Archer MSA when your employer has contributed, you can't deduct your contribution, and you will have an excess contribution. If your spouse's employer makes a contribution to your spouse's Archer MSA, you can't make a contribution to your Archer MSA if your spouse is covered under a high deductible health plan that also covers you.

Contributions that the Social Security Administration makes to your MA MSA aren't includible in your gross income nor are they deductible. Neither you nor your employer can make contributions to your MA MSA.

Generally, contributions you or someone other than your employer make to your HSA are deductible on your tax return. Employer contributions to your HSA may be excluded from your income and aren't deductible by you. You and your employer can make contributions to your HSA in the same year.

See Form 8853 and its instructions or Form 8889 and its instructions. Any employer contributions made to an Archer MSA are shown on your Form W-2 in box 12 (code R); employer contributions made to an HSA are shown in box 12 (code W). For more information, see Pub. 969.

Participant's identification number. For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN). However, the issuer has reported your complete identification number to the IRS taxable amount.

Account number. May show an account or other unique number the trustee assigned to distinguish your account.

Box 1. Shows contributions you made to your Archer MSA in 2022 and through April 15, 2023, for 2022. You may be able to deduct this amount on your 2022 Form 1040. See the Form 1040 instructions.

Note: The information in boxes 2 and 3 is provided for IRS use only.

Box 2. Shows the total contributions made in 2022 to your HSA or Archer MSA. See Pub. 969 for who can make contributions. This includes qualified HSA funding distributions (trustee-to-trustee transfers) from your IRA to fund your HSA. The trustee of your MA MSA isn't required to, but may, show contributions to your MA MSA.

Box 3. Shows the total HSA or Archer MSA contributions made in 2023 for 2022.

Box 4. Shows any rollover contribution from an Archer MSA to this Archer MSA in 2022 or any rollover from an HSA or Archer MSA to this HSA. See Form 8853 or Form 8889 and their instructions for information about how to report distributions. This amount isn't included in box 1, 2, or 3.

Box 5. Shows the fair market value of your HSA, Archer MSA, or MA MSA at the end of 2022.

Box 6. Shows the type of account that is reported on this Form 5498-SA.

Other information. The trustee of your HSA, Archer MSA, or MA MSA may provide other information about your account on this form.

Note: Don't attach Form 5498-SA to your income tax return. Instead, keep it for your records.

Employer-Provided Health Insurance Offer and Coverage

Do not attach to your tax return. Keep for your records.

Go to www.irs.gov/Form1095C for instructions and the latest information.

VOID
 CORRECTED

Part I Employee

Applicable Large Employer Member (Employer)

1 Name of employee (first name, middle initial, last name) AGATA GRUZA		2 Social security number (SSN) XXX-XX-7728		7 Name of employer APPLE, INC.		8 Employer identification number (EIN) 94-2404110	
3 Street address (including apartment no.) 13824 LONG SHADOW DR.				9 Street address (including room or suite no.) ONE APPLE PARK WAY		10 Contact telephone number 1-800-473-7411	
4 City or town MANOR TX		5 State or province TX		6 Country and ZIP or foreign postal code US 78653		11 City or town CUPERTINO CA	
				12 State or province CA		13 Country and ZIP or foreign postal code US 95014	

Part II Employee Offer of Coverage

Employee's Age on January 1:

Plan Start Month (enter 2-digit number) 01

	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)	1E												
15 Employee Required Contribution (see instructions)	\$ 62.62	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2C												
17 ZIP Code													

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60705M

Form 1095-C (2022)

Part III Covered Individuals

If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee

	(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage												
					Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
18	AGATA GRUZA	XXX-XX-7728		X													
19	ERIC M DALEY	XXX-XX-0575		X													
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