|   | CORRECT                       | TED (if checked)   |   |  |                     |
|---|-------------------------------|--|---|--|---------------------|
| TRUSTEE'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number  HEALTHEQUITY CORPORATE  15 WEST SCENIC POINTE DRIVE SUITE 400  DRAPER, UT 84020 |                               | Employee or self-employed person's Archer MSA contributions made in 2022 and 2023 for 2022      \$0.00 |   | HSA, Archer MSA, or<br>Medicare Advantage<br>MSA Information |                     |
|   |                               | 2 Total contributions made in 2022<br>\$750.00   | Form <b>5498-SA</b>   |  |                     |
| TRUSTEE'S TIN 52-2383166  | PARTICIPANT'S TIN ***-**-0828 | 3 Total HSA or Archer MSA contributions made in 2023 for \$0.00  |   |  | Сору Е              |
| PARTICIPANT'S name TRILOK MADAMANCHI  |                               | 4 Rollover contributions \$0.00  | 5 Fair marker value of H<br>Archer MSA, or MA M<br>\$2,110.97 |  | Fo<br>Participan    |
| Street address (including apt. no.) 2776 PINE CONE LN City or town, state or province, country, and ZIP or foreign postal code WARSAW, IN 465820000 Account number (see instructions) 20138204              |                               | 6 HSA X  |   |  | This information    |
|   |                               | MA MSA   |   | is being furnis<br>to the                                    |                     |
|   |                               |  |   |  |                     |
|   |                               |  |   |  | 0                   |
| Form 5498-SA  | (keep for your records)       | www.irs.gov/Form5498SA   | Department of the Tr  | easury - Intern  | nal Revenue Service |

## 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

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 employer nas 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

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 you 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 taxpayer identification number (TIN). For your protection, this form

Participant's taxpayer identification number (TIN). 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 employee identification number (EIN). However, the issuer has reported your complete TIN to the IRS.

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 18, 2023, for 2022. You may be able to deduct this amount on your 2022 Form 1040. See the Instructions for Form 1040

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

Future developments. For the latest information about developments related to Form 5498SA and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form5498SA.

Free File Program. Go to www.irs.gov/FreeFile to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.



WARSAW, IN 465820000

## վ[եիժՈհատգրվ]ըսդեպՈկգը[ժ][[կ[եիս][եկ][կ] >024095 7483601 0001 8158 10Z TRILOK MADAMANCHI 2776 PINE CONE LN

|   | CORRECT                          | ED (if checked)                  |  |   |  |
|---|----------------------------------|----------------------------------|--|---|--|
| TRUSTEE'S/PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number  HEALTHEQUITY CORPORATE  15 WEST SCENIC POINTE DRIVE SUITE 400  DRAPER, UT 84020 |                                  |                                  | OMB No. 1545-1517  Form 1099-SA  (Rev. November 2019)  For calendar year  2022 | Distributions From an HSA Archer MSA, or Medicare Advantage MSA |  |
| PAYER'S TIN<br>52-2383166   | RECIPIENT'S TIN ***_***-0828     | 1 Gross distribution<br>\$324.17 | 2 Earnings on excess of \$0.00   | ont. Copy B   |  |
| RECIPIENT'S name TRILOK MADAMANCHI  |                                  | 3 Distribution code              | 4 FMV on date of death \$0.00  | Recipient   |  |
| Street address (including apt. no.) 2776 PINE CONE LN  City or town, state or province, country, and ZIP or foreign postal code WARSAW, IN 465820000  |                                  | 5 HSA X<br>Archer<br>MSA         |  | This information  |  |
|   |                                  | MA<br>MSA                        |  | is being furnished to the IRS.                                  |  |
| Account number (see instru  | ictions)                         |                                  |  |   |  |
| 20138204  |                                  |                                  |  |   |  |
| Form 1099-SA (Rev.  | 11-2019) (keep for your records) | www.irs.gov/Form1099S            | A Department of the Tr   | easury - Internal Revenue Service                               |  |

## Instructions for Recipient

Distributions from a health savings account (HSA), Archer medical savings account (MSA), or Medicare Advantage (MA) MSA are reported to you on Form 1099-SA. File Form 8853 or Form 8889 with your Form 1040 or 1040-SR to report a distribution from these accounts even if the distribution isn't taxable. The payer isn't required to compute the taxable amount of any distribution.

An HSA or Archer MSA distribution isn't taxable if you used it to pay qualified medical expenses of the account holder or elegible family members or you rolled it over. An HSA may be rolled over to another HSA; an Archer MSA may be rolled over to another Archer MSA or an HSA. An MA MSA isn't taxable if you used it to pay qualified medical expenses of the account holder only. If you didn't use the distribution from an HSA, Archer MSA, or MA MSA to pay for qualified medical expenses, or in the case of an HSA or Archer MSA, you didn't roll it over, you must include the distribution in your income (see Form 8853 or Form 8863). Also, you may owe a penalty. You may repay a mistaken distribution from an HSA no later than April 15 following the first year you knew or should have known the distribution was a mistake, providing

the latest trustee allows the repayment.

For more information, see the Instructions for Form 8853 and the Instructions for Form 8889. Also see Pub. 969.

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (SSN, ITIN, ATIN, or EIN). However, the issuer has reported your complete identification number to the IRS.

Spouse beneficiary. If you inherited an Archer MSA or MA MSA because of the death of your spouse, special rules apply. See the Instructions for Form 8853, If you inherited an HSA because of the death of your spouse, see the Instructions for Form

Estate beneficiary. If the HSA, Archer MSA, or MA MSA account holder dies and the estate is the beneficiary, the fair market value (FMV) of the account on the date of death is includible in the account holder's gross income. Report the amount on the account holder's final income tax return

Nonspouse beneficiary. If you inherited the HSA, Archer MSA, or MA MSA from someone who wasn't your spouse, you must report as income on your tax return the FMV of the account as of the date of death. Report the FMV on your tax return for the year the account owner died even if you received the distribution from the account in a later year. See the Instructions for Form 8853 or the Instructions for Form 8889. Any earnings on the account after the date of death (box 1 minus box 4 of Form 1099-SA) are taxable. Include the earnings on the "Other income" line of your tax return.

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

Box 1. Shows the amount received this year. The amount may have been a direct payment to the medical service provider or distributed to you.

Box 2. Shows the earnings on any excess contributions you withdrew from an HSA or Archer MSA by the due date of your income tax return. If you withdrew the excess, plus any earnings, by the due date of your income tax return, you must include the earnings in your income in the year you received the distribution even if you used it to pay qualified medical expenses. This amount is included in box 1. Include the earnings on the "Other income" line of your tax return. An excise tax of 6% for each tax year is imposed on you for excess individual and employer contributions that remain in the account. See Form 5329, Additional Taxes on Qualified Plans (Including IRAs) and other Tax-Favored Accounts.

Box 3. These codes identify the distribution your received: 1 - Normal distribution; 2 -- Excess contributions;
 3 -- Disability;
 4 -- Death distribution other than code 6;
 5 -- Prohibited transaction;
 6 -- Death distribution after year of death to a nonspouse beneficiary

Box 4. If the account holder died, shows the FMV of the account on the date of death. Box 5. Shows the type of account that is reported on this Form 1099-SA.

Future developments. For the latest information about developments related to Form 1099-SA and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099SA



## 2022 Form 3922: Transfer of Stock Acquired Through an Employee Stock Purchase Plan Under Section 423(c)

OMB No. 1545-2129

Copy B, For Employee

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

EMPLOYEE'S name, street address, city, state and zip code

MADAMANCHI, TRILOK 2776 PINE CONE LN WARSAW, IN 46582 093674-ZBH-19-093674-03AE1

CORRECTED

CORPORATION'S name, street address, city, state and ZIP code ZIMMER BIOMET HOLDINGS, INC 1800 WEST CENTER STREET WARSAW, IN 46580

CORPORATION'S federal identification number 134151777

EMPLOYEE'S identification number xxx-xx-0828

Instructions for Employee

You have received this form because (1) your employer (or its transfer agent) has recorded a first transfer of legal title of stock you acquired pursuant to your exercise of an option granted under an employee stock purchase plan and (2) the exercise price was less than 100 percent of the value of the stock on the date shown in box 1 or was not fixed or determinable on that date.

No income is recognized when you exercise an option under an employee stock purchase plan. However, you must recognize (report) gain or loss on your tax return for the year in which you sell or otherwise dispose of the stock. Keep this form and use it to figure the gain or loss. For more information, see Pub. 525, Taxable and Nontaxable Income.

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

- Box 1. Shows the date the option to purchase the stock was granted to you.
- Box 2. Shows the date you exercised the option to purchase the stock.
- Box 3. Shows the fair market value (FMV) per share on the date the option to purchase the stock was granted to you.
- Box 4. Shows the FMV per share on the date you exercised the option to purchase the stock.
- Box 5. Shows the price paid per share on the date you exercised the option to purchase the stock.
- Box 6. Shows the number of shares to which legal title was transferred by you.
- Box 7. Shows the date legal title of the shares was first transferred by you.
- Box 8. If the exercise price per share was not fixed or determinable on the date entered in box 1, box 8 shows the exercise price per share determined as if the option was exercised on the date in box 1, if the exercise price per share was fixed or determinable on the date shown in box 1, then box 8 will be blank.

| Account Number (see instructions) | 1 — Date option granted | 2 — Date option exercised | 3 — Fair<br>market value<br>per share on<br>grant date | Fair market<br>value per share<br>on exercise date | 5 — Exercise<br>price paid per<br>share | 6 — No. of<br>shares<br>transferred | 7 — Date legal title transferred | 8 — Exercise price<br>per share determined<br>as if the option was<br>exercised on the date<br>shown in box 1. |
|-----------------------------------|-------------------------|---------------------------|--|--|---|-------------------------------------|----------------------------------|--|
| LUK7HKUEOL                        | 01/01/2022              | 06/30/2022                | \$129.13   | \$105.06   | \$89.30                                 | 36.3938                             | 06/30/2022                       | \$109.76   |
| MNNSD10645                        | 07/01/2022              | 12/30/2022                | \$107.27   | \$127.50   | \$91.18                                 | 42.7725                             | 12/30/2022                       | \$91.18  |

Form 3922 (Rev. August 2013)

\*74110\*

(keep for your records)

Department of the Treasury - Internal Revenue Service