



P.O. Box 622337 | Orlando, FL 32862-2337

0190FSTXR0030001-33927-01
 NIKHIL REDDY TADIMARRY
 1243 SE 17TH ST
 NORTH BEND WA 98045-8606

Important IRS Tax Form 1099-SA

Dear NIKHIL REDDY:

This enclosed IRS tax form 1099-SA shows your 2023 distributions from your HSA. Please use this information to fill out IRS tax form 8889, which is what you'll need to submit your taxes. To find a copy of IRS tax form 8889, visit irs.gov.

Here's what you need to know:

- Box 1 includes your total distributions for 2023.
- Box 2 shows any earnings on the excess while it was in the account.
- Box 3 shows the distribution code. Different codes will display depending on the situation. Code 1 summarizes all reportable distributions made in 2023. This does not include fees or investment losses as these are not reportable. Code 2 reports any excess contribution corrected that were processed against your account. For all other code descriptions please contact a tax professional.
- Any corrections processed before 1/1/2024 are reflected on this form. However, any corrections processed in 2024 will cause a corrected tax document to be generated shortly.
- If you had any contributions that apply to 2023, you'll also get tax form 5498-SA.

Ready to say goodbye to printed forms? Sign in to your account, navigate to "Settings and Preferences" under your name and select "Communication Preferences." From there, check the email box next to the "HSA Communication and Notification" option.

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 ConnectYourCare P.O. Box 622337 Orlando FL 32862-2337		OMB No. 1545-1517 2023 Form 1099-SA		Distributions From an HSA, Archer MSA, or Medicare Advantage MSA Copy B For Recipient This information is being furnished to the Internal Revenue Service.
PAYER'S federal identification number 261274092	RECIPIENT'S identification number *****0203	1 Gross distribution \$ 1,102.45	2 Earnings on excess cont. \$ 0	
RECIPIENT'S name NIKHIL REDDY TADIMARRY Street address (including apt. no.) 1243 SE 17TH ST City or town, state or province, country, and ZIP or foreign postal code NORTH BEND WA 98045		3 Distribution code 1	4 FMV on date of death \$ 0	
Account number (see instructions) 016509628095		5 HSA <input checked="" type="checkbox"/> Archer MSA <input type="checkbox"/> MA MSA <input type="checkbox"/>		
Form 1099-SA		(keep for your records) www.irs.gov/form1099sa		

Department of the Treasury - Internal Revenue Service