Optum Financial®

P.O. Box 271629 | Salt Lake City, UT 84127-1629

019OFSTXR0028001-10688-01 VENKAT INJAPURY 2818 TRAIL HEAD DR **DENTON TX 76210-1698**

Important IRS Tax Form 1099-SA

Dear VENKAT:

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 and navigate to "Account Management." From there, scroll to "Communication Preferences" and select "Edit." Select the "Online" option to update your tax form delivery preference.

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

TRUSTEE'S/PAYER'S name, street accountry, ZIP or foreign postal code, and Optum Bank P.O. Box 271629 Salt Lake City UT 84127-1629	Lidress, city or town, state or province,	RECTED (if checked)	2023 Form 1099-SA		Distributions From an HSA, Archer MSA, or dicare Advantage MSA		
PAYER'S federal identification number 470858534	RECIPIENTS identification number *****1213	1 Gross distribution \$ 45.05 3 Distribution code	2 Earnings on excess cont. \$ 0 4 FMV on date of death		Copy B For Recipient		
RECIPIENT'S name VENKAT INJAPURY Street address (including apt. no.)		1	\$0				
2818 TRAIL HEAD DR City or town, state or province, country CORINTH TX 76210-1698	, and ZIP or foreign postal code	Archer MSA MA MSA			This information is being furnished to the Internal Revenue Service.		
Account number (see instructions) 409950252		is apyllorm1099sa			- Internal Revenue Service		

Form 1099-SA

(keep for your records)

www.irs.gov/form1099sa

Department of the Treasury - Internal Revenue Service

1095-C	ury	Employ		not attach to y	alth Insured to the second sec	eep for your r	ecords.		age	VOID CORREC		20	53 F00750
Part Employ	2 Socia	2 Social security number (\$SN) *** - ** - 1213 Applicable Large Employer Men				nber (Employer)			8 Employer identification number (EIN) 13-3640390				
sme of employee (fir ENKATA NA) of address (includ 18 TRAIL ity or town CORINTH	HEAD DR	5 State or province	0		1 ZIP or foreign pos	9 Street 380 al code 11 City			R DR A-3	50	1:	0 Contact telephone r 800 - 881 - 39 3 Country and ZIP or 33610	38
Part II Employ		verage			e's Age on Jan	uary 1	1PA		FL Plan Start Mo	nth (enter 2-digit r			
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
4 Offer of Coverage enter required code)		1 E	1E	1 F.	1E	1E	1E	1E	1E	1E	18	1E	1E
5 Employee Required ontribution (see instructions)	\$	\$ 187.42	\$ 187.42	. 187 42	e 197 A2	e 107 42	. 107 42	107 42			107 4	2 1 1 2 7 4 2	107 42
S Section 4980H afe Harbor and Other elief (enter code, applicable)		2C	20	2C	2C	\$ 187.42 2C	\$ 187.42 2C	\$ 187.42 2C	\$187.42 2C	\$ 187.42 2C	2C	2 \$ 187.42	3187.42 2C
ZIP Code					20	20	20	20	20	20	20	20	20
or Privacy Act and Pa	perwork Reduction	on Act Notice, see	separate instruct	tions.		Cat. No	60705M					Form	1095-C (2023)
												Form	1033-6 (2023)

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. (e) Months of coverage (c) DOB (if SSN or other TIN is not available) (d) Covered all 12 months Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec (a) Name of covered individual(s)
First name, middle initial, last name (b) SSN or other TIN × × × X × × XX × × × ***-**-1213 18 VENKATA NARAYAN INJAPURY × × × X × X ***-**-8212 19 ANUSHA INJAPURY × × X × × × × × × × × ***-**-9436 20 KAVITHA INJAPURY 22

Form 1095-C (2023)

Form 1095-C (2023)

P00350

Page 3