



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

0190FSTXR0028001-10688-01  
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](https://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](https://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<br><br>Optum Bank<br>P.O. Box 271629<br>Salt Lake City UT 84127-1629       |  | OMB No. 1545-1517<br><br><b>2023</b><br><br>Form <b>1099-SA</b>   |                                    | <b>Distributions From an HSA, Archer MSA, or Medicare Advantage MSA</b><br><br><b>Copy B For Recipient</b><br><br>This information is being furnished to the Internal Revenue Service. |
| PAYER'S federal identification number<br>470858534  | RECIPIENT'S identification number<br>*****1213 | 1 Gross distribution<br>\$ 45.05  | 2 Earnings on excess cont.<br>\$ 0 |  |
| RECIPIENT'S name<br>VENKAT INJAPURY<br><br>Street address (including apt. no.)<br>2818 TRAIL HEAD DR<br><br>City or town, state or province, country, and ZIP or foreign postal code<br>CORINTH TX 76210-1698 |  | 3 Distribution code<br><br>1  | 4 FMV on date of death<br><br>\$ 0 |  |
| Account number (see instructions)<br>409950252  |  | 5 HSA <input checked="" type="checkbox"/><br>Archer MSA <input type="checkbox"/><br>MA MSA <input type="checkbox"/>                               |                                    |  |
| Form <b>1099-SA</b>   |  | (keep for your records) <a href="https://www.irs.gov/form1099sa">www.irs.gov/form1099sa</a> Department of the Treasury - Internal Revenue Service |                                    |  |

Employer-Provided Health Insurance Offer and Coverage

VOID CORRECTED

Do not attach to your tax return. Keep for your records. Go to www.irs.gov/Form1095C for instructions and the latest information.

Part I Employee information: Name (VENKATA NARAYAN INJAPURY), SSN (\*\*\*-\*\*-1213), Employer (CITIBANK NA), Address (18 TRAIL HEAD DR, CORINTH, TX), City (TAMPA, FL), State (TX, FL), ZIP (76210, 33610), EIN (13-3640390).

Part II Employee Offer of Coverage table with columns for months (All 12 Months, Jan-Dec) and rows for Offer of Coverage (1E), Employee Required Contribution (\$187.42), and Section 4980H Relief (2C).

Part III Covered Individuals table with columns for individual name, SSN/TIN, DOB, covered months, and a grid for months of coverage (Jan-Dec).