

2023 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

BACHU, LOKESH KUMAR
2521 LITTLE ROCK LN
SIMI VALLEY, CA 93065

010456-MDT-15-010456-03AE1

CORRECTED

CORPORATION'S name, street address, city, state and ZIP code

MEDTRONIC PLC
710 MEDTRONIC PARKWAY
MINNEAPOLIS, MN 55432

CORPORATION'S federal identification number

981183488

EMPLOYEE'S identification number

xxx-xx-8685

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 shown 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 market value per share on grant date	4 — Fair market value per share on exercise date	5 — Exercise price paid per share	6 — No. of shares transferred	7 — Date legal title transferred	8 — Exercise price per share determined as if the option was exercised on the date shown in box 1.
MQUL9EACZ0	03/31/2023	03/31/2023	\$80.62	\$80.62	\$68.53	20	03/31/2023	\$68.53
MU44MBXW8H	06/30/2023	06/30/2023	\$88.10	\$88.10	\$74.89	16	06/30/2023	\$74.89
MXAU7DILGK	09/30/2023	09/29/2023	\$78.36	\$78.36	\$66.61	28	09/29/2023	\$66.61
NN40NIEE6Z	12/31/2023	12/29/2023	\$82.38	\$82.38	\$70.03	17	12/29/2023	\$70.02



UMB Bank, n.a.
P.O. Box 419226
Kansas City, MO 64141-6226

UMB reports annual distributions from your UMB HSA to the IRS and you on IRS Form 1099-SA. This information, along with your contributions found online on your HSA tax summary screen, should be used to complete your personal income tax return, Form 8889. Contact UMB at 800-217-5360 with questions about this tax form.

AB 01 076101 37204 H 140 A

LOKESH KUMAR BACHU
2521 LITTLE ROCK LN
SIMI VALLEY, CA 93065-1354

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 eligible family member 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 8889). 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 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 8889.

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 includable 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 you 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.

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Taxable State: CA

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 UMB Bank, n.a. P.O. Box 419226 Kansas City, MO 64141-6226		OMB No. 1545-1517 <h1>2023</h1> Form 1099-SA		Distributions From an HSA, Archer MSA, or Medicare Advantage MSA Copy B For Recipient This information is being furnished to the IRS.
PAYER'S TIN 44-0194180	RECIPIENT'S TIN XXX-XX-8685	1 Gross distribution \$ 982.94	2 Earnings on excess cont. \$	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code LOKESH KUMAR BACHU 2521 LITTLE ROCK LN SIMI VALLEY, CA 93065-1354		3 Distribution code 1	4 FMV on date of death \$	
Account number (see instructions) 000009813017484		5 HSA <input checked="" type="checkbox"/> Archer MSA <input type="checkbox"/> MA MSA <input type="checkbox"/>		
Form 1099-SA (Rev. 11-2019) (keep for your records)		www.irs.gov/Form1099SA Department of the Treasury - Internal Revenue Service		

American Express National Bank
P.O. Box 30384
Salt Lake City, UT 84130-0384



Savings

00011181 TAMXIN012224025536 36 000000000 002



LOKESH KUMAR BACHU
2521 LITTLE ROCK LN
SIMI VALLEY, CA 93065

For questions please call: 1-800-446-6307

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. AMERICAN EXPRESS NATIONAL BANK P.O. BOX 30384 SALT LAKE CITY, UT 84130-0384 1-800-446-6307		Payer's RTN (optional)	OMB No. 1545-0112		2023	Interest Income
		1 Interest income \$16.76	Form 1099-INT			
		2 Early withdrawal penalty				
PAYER'S TIN 11-2869526	RECIPIENT'S TIN XXX-XX-8685	3 Interest on U.S. Savings Bonds and Treasury obligations			Copy B For Recipient	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.
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code LOKESH KUMAR BACHU 2521 LITTLE ROCK LN SIMI VALLEY, CA 93065		4 Federal income tax withheld	5 Investment expenses			
		6 Foreign tax paid	7 Foreign country or U.S. possession			
		8 Tax-exempt interest	9 Specified private activity bond interest			
		10 Market discount	11 Bond Premium			
Account number (see instructions) See Details Below		FATCA filing requirement <input type="checkbox"/>	12 Bond premium on Treasury obligations	13 Bond premium on tax-exempt bond		
		14 Tax-exempt and tax credit bond CUSIP no.		15 State	16 State identification no.	17 State tax withheld

Form 1099-INT (keep for your records) www.irs.gov/form1099int Department of the Treasury - Internal Revenue Service

See Details

ACCOUNT NUMBER	INTEREST INCOME	EARLY WITHDRAWAL PENALTY	FEDERAL INCOME TAX WITHHELD
xxxxxxx1717	\$16.76		
Total	\$16.76		