

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 HSA Bank, a division of Webster Bank, N.A. 605 N 8th Street, STE 320 Sheboygan WI 53081		OMB No. 1545-1517 Form 1099-SA (Rev. November 2019) For calendar year 20 23		Distributions From an HSA, Archer MSA, or Medicare Advantage MSA
PAYER'S TIN 06-0273620	RECIPIENT'S TIN xxx-xx-1207	1 Gross distribution \$ 1,684.30	2 Earnings on excess cont. \$ 0.00	
RECIPIENT'S name SHERA SINGH PATEL Street address (including apt. no.) 12440 ALAMEDA TRACE CIR #1525 City or town, state or province, country, and ZIP or foreign postal code AUSTIN TX 78727		3 Distribution code 1	4 FMV on date of death \$ 0.00	Copy B For Recipient This information is being furnished to the IRS.
Account number (see instructions) 400002789903		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

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