

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

2019

Form **1099-SA**

**Distributions
From an HSA,
Archer MSA, or
Medicare Advantage
MSA**

PAYER'S TIN

06-0273620

RECIPIENT'S TIN

xxx-xx-1131

1 Gross distribution

\$ 1,269.51

2 Earnings on excess cont.

\$ 0.00

RECIPIENT'S name

Shiva Myla

3 Distribution code

1

4 FMV on date of death

\$ 0.00

Street address (including apt. no.)

4740 FALLOW LN

City or town, state or province, country, and ZIP or foreign postal code

CUMMING GA 30040

5 HSA
Archer MSA
MA MSA

This information
is being furnished
to the IRS.

Account number (see instructions)

38219174

**Copy B
For
Recipient**

Form **1099-SA**

(keep for your records)

www.irs.gov/Form1099SA

Department of the Treasury - Internal Revenue Service