

1095-C

Department of the Treasury
Internal Revenue Service

Part I Employee

1 Name of employee (first name, middle initial, last name)
RIYA SHAH

2 Street address (including apartment no.)
506 MURRAY STREET

3 City or town
AVENEL

4 State or province
NJ

5 Country and ZIP or foreign postal code
07001

6 Name of employer
MERRILL LYNCH, PIERCE, PENNER, SM

7 Street address (including room or suite no.)
ONE BRYANT PARK

8 City or town
NEW YORK

9 State or province
NY

10 Contact telephone number
800-556-6044

11 Country and ZIP or foreign postal code
10035

12 Employer identification number (EIN)
13-5674085

13 Social security number (SSN)
****-**-6390

14 Applicable Large Employer Member (Employer)
 VOID
 CORRECTED

15 Form No. 1095-C
60011A

16 Do not attach to your tax return. Keep for your records.
2019

17 Go to www.irs.gov/Form1095C for instructions and the latest information.

Part II Employee Offer of Coverage

14 Offer of Coverage (enter required code)

15 Employee Required Contribution (see instructions)

16 Section 4880H Safe Harbor and Other Relief (enter code: 4 applicable)

17 RIVA SHAH

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All 12 Months	Plan Start Month (enter 2-digit number): 01											
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E
\$ 140.20	\$ 140.20	\$ 140.20	\$ 140.20	\$ 140.20	\$ 140.20	\$ 140.20	\$ 140.20	\$ 140.20	\$ 140.20	\$ 140.20	\$ 140.20	\$ 140.20
2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C

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: (a) Name of covered individual(s)
 First name, middle initial, last name
 (b) SSN or other TIN
 (c) DOB (if SSN or other TIN is not available)
 (d) Covered all 12 months
 (e) Months of Coverage

BANK OF AMERICA, N.A.
REPORTING
BOX 15293
Wilmington, DE 19850-5293

TAX STATEMENT FOR YEAR 2019

THIS STATEMENT REPORTS 1099-INT (OMB No. 1545-0112),
DEPARTMENT OF THE TREASURY-INTERNAL REVENUE SERVICE

BANK OF AMERICA  BANK# 00035

RIYA SHAH
508 MURRAY ST
AVENEL NJ 07001-1619

PAYER'S E.I.N.
94-1687665

CUSTOMER SERVICE PHONE NUMBER
1-877-520-1099

TAXPAYER'S IDENTIFICATION NUMBER
***-**-6390

For Form 1099-A, B, C, DIV, INT, K, MISC, OID, Q, S, and SA: This is important tax information and is being furnished to the IRS. 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.

2019 - 1099-INT, INTEREST INCOME

	ACCOUNT NUMBER	
TIME DEPOSITS	0910-00156129145	
BOX 1	INTEREST INCOME	150.17
RIYA SHAH		
TOTAL INTEREST		150.17

Generally, contributions you or someone other than your employer make to your HSA are deductible on your tax return. Employer contributions to your HSA may be excluded from your income and aren't deductible by you. You and your employer can make contributions to your HSA in the same year.

See Form 8853 and its instructions or Form 8889 and its instructions. Any employer contributions made to an Archer MSA are shown on your Form W-2 in box 12 (code R); employer contributions made to an HSA are shown in box 12 (code W). For more information, see Pub. 969.

Participant's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN). However, the issuer has reported your complete TIN to the IRS.

or Form 8889 and their instructions for information about how to report distributions. This amount isn't included in box 1, 2, or 3.

Box 5. Shows the fair market value of your HSA, Archer MSA, or MA MSA at the end of 2018.

Box 6. Shows the type of account that is reported on this Form 5498-SA.

Other information. The trustee of your HSA, Archer MSA, or MA MSA may provide other information about your account on this form.

Note: Don't attach Form 5498-SA to your income tax return. Instead, keep it for your records.

Future developments. For the latest information about developments related to Form 5498-SA and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form5498sa.

Taxable State: **NJ**

CORRECTED (if checked)

TRUSTEE'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

1	Employee or self-employed person's Archer MSA contributions made in 2018 and 2019 for 2018	OMB No. 1545-1518
2	Total contributions made in 2018	2018 Form 5498-SA
3	Total HSA or Archer MSA contributions made in 2019 for 2018	

HSA, Archer MSA, or Medicare Advantage MSA Information

TRUSTEE'S TIN: **44-0194180**
 PARTICIPANT'S TIN: **XXX-XX-6390**

4 Rollover contributions

5 Fair market value of HSA, Archer MSA, or MA MSA

PARTICIPANT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code:
RIYA SHAH
508 MURRAY ST
AVENEL, NJ 07001-1619

6 HSA Archer MSA MA MSA

Copy B For Participant

Account number (see instructions) **0000009895019900**

HSA
 Archer MSA
 MA MSA

This information is being furnished to the IRS.

Form **5498-SA** (keep for your records) www.irs.gov/Form5498sa Department of the Treasury - Internal Revenue Service

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TAX REPORTING
PO BOX 15293
WILMINGTON, DE 19850-5293

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DEPARTMENT OF THE TREASURY-INTERNAL REVENUE SERVICE.

BANK OF AMERICA  BANK# 00099

RIYA SHAH
508 MURRAY ST
AVENEL NJ 07001-1619

PAYER'S E.I.N.

94-1687665

CUSTOMER SERVICE PHONE NUMBER

1-877-520-1099

TAXPAYER'S IDENTIFICATION NUMBER

***-**-6390

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2019 - 1099-INT, INTEREST INCOME

	ACCOUNT NUMBER	
REWARDS MM SVGS	4880-5585-7451	
BOX 1	INTEREST INCOME	94.06
RIYA SHAH		
TOTAL INTEREST		94.06

PLEASE NOTE: INQUIRIES REGARDING THESE ACCOUNTS SHOULD BE DIRECTED TO OUR CUSTOMER SERVICE PHONE NUMBER ABOVE. PLEASE CHECK YOUR TAXPAYER IDENTIFICATION NUMBER AND CALL THE NUMBER LISTED ABOVE IF IT IS INCORRECT.

TDD HEARING IMPAIRED PLEASE CALL 1-800-288-4408
THIS INFORMATION IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE