
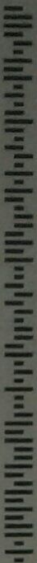


THE BANK OF NEW YORK MELLON  
 BENEFITWALLET H.S.A.  
 PO BOX 535473  
 PITTSBURGH PA 15253-5473

 GOWRISHANKAR KALEPALLI  
 995 SOUTHERN ARTERY APT508  
 QUINCY MA 02169-8407



**IMPORTANT NOTICE**

Please review these tax documents carefully. If you find a discrepancy, please contact the Customer Service number provided on your statement no later than May 31

**HSA Account Holders:**  
 If your maximum contribution limit has not been reached, we can accept contributions to your HSA until April 15. If you do make an additional contribution, or have already done so, we will furnish a final 5498-SA by May 31 reflecting the additional contribution.



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 <b>THE BANK OF NEW YORK MELLON          BENEFITWALLET H.S.A.          PO BOX 535473          PITTSBURGH, PA 15253-5473</b>		OMB No. 1545-1517 <b>2017</b> Form 1099-SA		Copy B For Recipient This information is being furnished to the Internal Revenue Service.
PAYER'S federal identification number 13-5160382	RECIPIENT'S identification number ***-**-9700	1 Gross distribution 223.68	2 Earnings on excess cont. Form 1099-SA	
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code <b>GOWRISHANKAR KALEPALLI          995 SOUTHERN ARTERY APT508          QUINCY, MA 02169</b>		3 Distribution code 5 HSA <input checked="" type="checkbox"/> Archer MSA <input type="checkbox"/> MA MSA <input type="checkbox"/>	4 FIMV on date of death	
Account Number: 95004180113340	(keep for your records) <a href="http://www.irs.gov/form1099sa">www.irs.gov/form1099sa</a>			Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

**HSA, Archer MSA,  
 or Medicare  
 Advantage  
 MSA Information**

TRUSTEE'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number <b>THE BANK OF NEW YORK MELLON          BENEFITWALLET H.S.A.          PO BOX 535473          PITTSBURGH, PA 15253-5473</b>	PARTICIPANT'S social security number ***-**-9700
TRUSTEE'S federal identification number 13-5160382	
PARTICIPANT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code <b>GOWRISHANKAR KALEPALLI          995 SOUTHERN ARTERY APT508          QUINCY, MA 02169</b>	

1 Employee or self-employed person's Archer/MSA contributions made in 2017 and 2018 for 2017 OMB No. 1545-1518 <b>2017</b> Form 5498-SA	3 Total HSA or Archer MSA contributions made in 2018 for 2017 Form 5498-SA	5 Fair market value of HSA, Archer MSA, or MA MSA \$1,027.13	Copy B For Participant This information is being furnished to the Internal Revenue Service.
2 Total contributions made in 2017 \$1,250.00			
4 Rollover contributions			
6 HSA <input checked="" type="checkbox"/> Archer MSA <input type="checkbox"/> MA MSA <input type="checkbox"/>			

Account Number: 95004180113340  
 Form 5498-SA  
 (keep for your records) [www.irs.gov/form5498sa](http://www.irs.gov/form5498sa)  
 Department of the Treasury - Internal Revenue Service