

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:

CORRECTED (if checked)

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.

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	IVE				
	HOUST				

VIJAYA KUMAR TAMMINEEDI 102 14698 BRIAR FOREST DR HOUSTON TX 77077

	TRUSTEE'S/PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number THE BANK OF NEW YORK MELLON BENEFITWALLET H.S.A. PO BOX 535473 PITTSBURGH, PA 15253-5473					OMB No. 1545 2017 Form 1099-S	7	From	ibutions an HSA, er MSA, or care Advantage
	PAYER'S federal identification number 13-5160382	RECIPIENT'S identification num	ber	1 Gross distribution	18	2 Earnings on excess	cont.		Copy B For Recipient
	RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code VIJAYA KUMAR TAMMINEEDI APT 6102 14698 BRIAR FOREST DR IVE HOUSTON, TX 77077			3 Distribution code	1 X	4 FMV on date of dea	This information		
				MA MSA				c (12-5) 5 **	
	Account Number: 95004180116764								
	Form 1099-SA	(keep for your reco	ords)	www.irs.gov/form1099sa		Department of	the Treas	sury - Inte	ernal Revenue Service
TRUSTEE'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number CORRECTED (if checked) 1 Employee or self-employed person's Archer MSA contributions made in									
THE BANK OF NEW YORK MELLON BENEFITWALLET H.S.A. PO BOX 535473			and 2018 for <u>2017</u> I contributions made in 2017	2017 or N		A, Archer MSA, ledicare antage A Information			
				\$1,775.00		rm 5498-SA	IVIOP	illi o	rmation
13-51603	382 ***-	FICIPANT'S social security number **-6493	3 Total	I HSA or Archer MSA contributions made	e in 2018 t	for 2017		For	В —
PARTICIPANT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code VIJAYA KUMAR TAMMINEEDI APT 6102 14698 BRIAR FOREST DR		4 Rollo	over contributions	contributions 5 Fair market value of H Archer MSA, or MA N			This info is being furnished	urnished to the	
Of the state of th	DN, TX 77077		6	HSA X	0.48			Internal I Service.	Revenue
		9		Archer MSA MA MSA					
Account Nu				45.1005 (95.00 miles 10.10 m				7	
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Form 549	B-SA (keep for	r your records) www	w.irs.g	gov/form5498sa D	epartm	ent of the Treasu	ry - Interr	nal Rever	nue Service