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TRUSTEE'S/PAYER'S name, street address, city, state, and ZIP code

OMB No. 1545-1517

2004

Form 1099-SA

Distributions From an HSA, Archer MSA, or Medicare+Choice MSA

PAYER'S Federal identification number | RECIPIENT'S identification number

1 Gross distribution $

2 Earnings on excess contributions $

RECIPIENT'S name

3 Distribution code

4 FMV on date of death $

Street address (including apt. no.)

5 HSA ☐ Archer MSA ☐ MmedicarePlus MSA ☐

City, state, and ZIP code

Account number (optional)

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