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 VOID CORRECTED

TRUSTEE'S/PAYER'S name, street address, city, state, and ZIP code		OMB No. 1545-1517 <b>2005</b> Form <b>1099-SA</b>		<b>Distributions From an HSA, Archer MSA, or Medicare Advantage MSA</b>  <b>Copy A</b> <b>For</b> <b>Internal Revenue</b> <b>Service Center</b> <b>File with Form 1096.</b> For Privacy Act and Paperwork Reduction Act Notice, see the <b>2005 General</b> <b>Instructions for</b> <b>Forms 1099, 1098,</b> <b>5498, and W-2G.</b>
PAYER'S Federal identification number	RECIPIENT'S identification number			
RECIPIENT'S name		<b>3</b> Distribution code	<b>4</b> FMV on date of death \$	
Street address (including apt. no.)		<b>5</b> HSA <input type="checkbox"/> Archer MSA <input type="checkbox"/> MA <input type="checkbox"/> MSA <input type="checkbox"/>		
City, state, and ZIP code				
Account number (see instructions)				

Form **1099-SA**

Cat. No. 38471D

Department of the Treasury - Internal Revenue Service

**Do Not Cut or Separate Forms on This Page — Do Not Cut or Separate Forms on This Page**

CORRECTED (if checked)

TRUSTEE'S/PAYER'S name, street address, city, state, and ZIP code		OMB No. 1545-1517	
		<b>2005</b>	
		Form <b>1099-SA</b>	
PAYER'S Federal identification number	RECIPIENT'S identification number	<b>1</b> Gross distribution \$	<b>2</b> Earnings on excess cont. \$
RECIPIENT'S name		<b>3</b> Distribution code	<b>4</b> FMV on date of death \$
Street address (including apt. no.)		<b>5</b> HSA <input type="checkbox"/> Archer MSA <input type="checkbox"/> MA MSA <input type="checkbox"/>	
City, state, and ZIP code			
Account number (see instructions)			

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

**Copy B  
For  
Recipient**

This information  
is being furnished  
to the Internal  
Revenue Service.

Form **1099-SA**

(keep for your records)

Department of the Treasury - Internal Revenue Service

## Instructions for Recipient

Distributions from a health savings account (HSA), Archer MSA, or Medicare Advantage (MA) MSA are reported to you on Form 1099-SA. File Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, or Form 8889, Health Savings Accounts (HSAs), with your Form 1040 to report a distribution from these accounts even if the distribution is not taxable. The payer is not required to compute the taxable amount of any distribution.

An HSA or Archer MSA distribution is not taxable if you used it to pay qualified medical expenses of the account holder and family or you rolled it over. An HSA may be rolled over to another HSA; an Archer MSA may be rolled over to another Archer MSA or an HSA. An MA MSA is not taxable if you used it to pay qualified medical expenses of the account holder only. If you did not use the distribution from an HSA, Archer MSA, or MA MSA to pay for qualified medical expenses, or in the case of an HSA or Archer MSA, you did not roll it over, you must include the distribution in your income (see Form 8889 or Form 8853). Also, you may owe a penalty.

For more information, see the separate instructions for Form 8853 and Form 8889. Also see Pub. 969, Health Savings Accounts and Other Tax-Favored Health Plans.

**Spouse beneficiary.** If you inherited an Archer MSA or MA MSA because of the death of your spouse, special rules apply. See Instructions for Form 8853. If you inherited an HSA because of the death of your spouse, see the Instructions for Form 8889.

**Estate beneficiary.** If the HSA, Archer MSA, or MA MSA account holder dies and the estate is the beneficiary, the fair market value (FMV) of the account on the date of death is includible in the account holder's gross income. Report the amount on the account holder's final income tax return.

**Nonspouse beneficiary.** If you inherited the HSA, Archer MSA, or MA MSA from someone who was not your spouse, you must report as income on your tax

return the FMV of the account as of the date of death. Report the FMV on your tax return for the year the account owner died even if you received the distribution from the account in a later year. See the Instructions for Form 8853 or Form 8889. Any earnings on the account after the date of death (box 1 minus box 4 of Form 1099-SA) are taxable. In the case of an HSA, the amount included on your tax return (other than an estate) is first reduced by any payments from the HSA made for the decedent's qualified medical expenses incurred before the decedent's death and paid within one year after the date of death.

**Account number.** May show an account or other unique number the payer assigned to distinguish your account.

**Box 1.** Shows the amount received this year. The amount may have been a direct payment to the medical service provider or distributed to you.

**Box 2.** Shows the earnings on any excess contributions you withdrew from an HSA or Archer MSA by the due date of your income tax return. If you withdrew the excess, plus any earnings, by the due date of your income tax return, you must include the earnings in your income in the year you received the distribution even if you used it to pay qualified medical expenses. This amount is included in box 1. For an HSA, an excise tax of 6% for each taxable year is imposed on you for excess individual and employer contributions that remain in the account. See Form 5329.

**Box 3.** These codes identify the distribution you received: 1—Normal distribution; 2—Excess contributions; 3—Disability; 4—Death distribution other than code 6; 5—Prohibited transaction; 6—Death distribution after year of death to a nonspouse beneficiary.

**Box 4.** If the account holder died, shows the FMV of the account on the date of death.

**Box 5.** Shows the type of account that is reported on this Form 1099-SA.

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TRUSTEE'S/PAYER'S name, street address, city, state, and ZIP code		OMB No. 1545-1517		<p align="center"><b>2005</b></p> <p align="center">Form <b>1099-SA</b></p>	<p align="center"><b>Distributions From an HSA, Archer MSA, or Medicare Advantage MSA</b></p>	
PAYER'S Federal identification number	RECIPIENT'S identification number	1 Gross distribution \$	2 Earnings on excess cont. \$			<p align="center"><b>Copy C For Payer</b></p> <p>For Privacy Act and Paperwork Reduction Act Notice, see the <b>2005 General Instructions for Forms 1099, 1098, 5498, and W-2G.</b></p>
RECIPIENT'S name		3 Distribution code	4 FMV on date of death \$			
Street address (including apt. no.)		5 HSA <input type="checkbox"/>				
City, state, and ZIP code		Archer MSA <input type="checkbox"/>				
Account number (see instructions)		MA <input type="checkbox"/>				
		MSA <input type="checkbox"/>				

Form **1099-SA**

Department of the Treasury - Internal Revenue Service

## Instructions for Trustees/Payers

General and specific form instructions are provided as separate products. The products you should use to complete Form 1099-SA are the 2005 General Instructions for Forms 1099, 1098, 5498, and W-2G and the 2005 Instructions for Forms 1099-SA and 5498-SA. A chart in the general instructions gives a quick guide to which form must be filed to report a particular payment. To order these instructions and additional forms, call 1-800-TAX-FORM (1-800-829-3676).

**Caution:** *Because paper forms are scanned during processing, you cannot file Forms 1096, 1098, 1099, or 5498 that you download and print from the IRS website.*

**Due dates.** Furnish Copy B of this form to the recipient by January 31, 2006.

File Copy A of this form with the IRS by February 28, 2006. If you file electronically, the due date is March 31, 2006.