

9494

 VOID  CORRECTED

TRUSTEE'S/PAYER'S name, street address, city, state, ZIP code, and telephone no. <b>INTEGRATED DATA MANAGEMENT SYSTEMS ACCOUNT ABILITY COMPLIANCE SOFTWARE 555 BROADHOLLOW ROAD SUITE 273 MELVILLE NY 11747-5001</b>		OMB No. 1545-1517  Form <b>1099-SA</b> (Rev. November 2019)  For calendar year <b>2021</b>		<b>Distributions From an HSA, Archer MSA, or Medicare Advantage MSA</b>	
<b>631-249-7744/SALES DEPT</b>					
PAYER'S TIN <b>13-3249958</b>	RECIPIENT'S TIN <b>102-11-0023</b>	<b>1</b> Gross distribution <b>\$ 465000.00</b>	<b>2</b> Earnings on excess cont. <b>\$ 182500.00</b>		<b>Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the current General Instructions for Certain Information Returns.</b>
RECIPIENT'S name <b>JOHN DOE</b>		<b>3</b> Distribution code  <b>1</b>	<b>4</b> FMV on date of death  <b>\$ 0.00</b>		
Street address (including apt. no.) <b>33 EAST 17 STREET UNIT 2101</b>		<b>5</b> HSA <input checked="" type="checkbox"/> Archer MSA <input type="checkbox"/> MA MSA <input type="checkbox"/>			
City or town, state or province, country, and ZIP or foreign postal code <b>NEW YORK NY 10003-2005</b>					
Account number (see instructions) <b>554308967889</b>					

Form 1099-SA (Rev. 11-2019)

Department of the Treasury - Internal Revenue Service

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