

9494

 VOID CORRECTED

TRUSTEE'S/PAYER'S name, street address, city, state, ZIP code, and telephone no. INTEGRATED DATA MANAGEMENT SYSTEMS, INC ACCOUNT ABILITY COMPLIANCE SOFTWARE 555 BROADHOLLOW ROAD SUITE 273 MELVILLE NY 11747-5001		OMB No. 1545-1517 Form 1099-SA (Rev. November 2019) For calendar year 2022		Distributions From an HSA, Archer MSA, or Medicare Advantage MSA	
631-249-7744/SALES DEPT					
PAYER'S TIN 13-3249958	RECIPIENT'S TIN 102-11-0023	1 Gross distribution \$ 465000.00	2 Earnings on excess cont. \$ 182500.00		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.
RECIPIENT'S name JOHN DOE		3 Distribution code 1	4 FMV on date of death \$ 0.00		
Street address (including apt. no.) 33 EAST 17 STREET UNIT 2101		5 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 NEW YORK NY 10003-2005					
Account number (see instructions) 554308967889					

Form 1099-SA (Rev. 11-2019)

Department of the Treasury - Internal Revenue Service

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