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If you have any comments on this draft form, you can submit them to us on our web site. Include the word DRAFT in your response. You may make comments anonymously, or you may include your name and e-mail address or phone number. We will be unable to respond to all comments due to the high volume we receive. However, we will carefully consider each suggestion. So that we can properly consider your comments, please send them to us within 30 days from the date the draft was posted.

9494

VOID

CORRECTED

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 <input type="checkbox"/> Archer MSA <input type="checkbox"/> M+C MSA <input type="checkbox"/>	
City, state, and ZIP code			
Account number (optional)			

**Copy A
For
Internal Revenue
Service Center
File with Form 1096.**
For Privacy Act
and Paperwork
Reduction Act
Notice, see the
**2004 General
Instructions for
Forms 1099, 1098,
5498, and W-2G.**

Form **1099-SA**

Cat. No. 38471D

Department of the Treasury - Internal Revenue Service

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