

TRUSTEE'S or ISSUER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no.

**TAX YEAR 2015**

Department of the Treasury-Internal Revenue Service  
(Keep for your Records)

BENEFICIARY'S name, street address (including apt. no.), city or town, province or state, country, and ZIP or foreign postal code.

**Copy B for Beneficiary**

This information is being furnished to the Internal Revenue Service.

**BENEFICIARY'S  
social security  
number**

**TRUSTEE'S/ISSUER'S  
federal identification  
number**

Corrected (if checked) ☐ (OMB No. 1545-1815)

**FORM 5498 - ESA • COVERDELL ESA CONTRIBUTION INFORMATION • 2015**

Fund-Acct. no.	(1) Coverdell ESA contributions	(2) Rollover contributions
FUND:		
Summary		
FORM 5498-ESA		