

TRUSTEE'S or ISSUER'S Name, Street Address, City, State, ZIP Code and Telephone Number

TAX YEAR 2013

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

BENEFICIARY'S Name, Street Address (including apt. no.), City, State, and ZIP Code

Copy B for Beneficiary

The information in boxes 1 and 2 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 • 2013		
Account number	(1) Coverdell ESA contributions	(2) Rollover contributions
FUND:		
Summary		
FORM 5498-ESA		