

TRUSTEE'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number		1 Employee or self-employed person's Archer MSA contributions made in 2016 and 2017 for 2016	OMB No. 1545-1518 2016 Form 5498-SA	HSA, Archer MSA, or Medicare Advantage MSA Information Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2016 General Instructions for Certain Information Returns.
		\$		
		2 Total contributions made in 2016		
TRUSTEE'S federal identification number	PARTICIPANT'S social security number	3 Total HSA or Archer MSA contributions made in 2017 for 2016		
PARTICIPANT'S name		4 Rollover contributions	5 Fair market value of HSA, Archer MSA, or MA MSA	
Street address (including apt. no.)		\$	\$	
City or town, state or province, country, and ZIP or foreign postal code		6 HSA <input type="checkbox"/> Archer MSA <input type="checkbox"/> MA <input type="checkbox"/> MSA <input type="checkbox"/>		
Account number (see instructions)				

Form **5498-SA**

Cat. No. 38467V

www.irs.gov/form5498sa

Department of the Treasury - Internal Revenue Service

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HSA, Archer MSA, or Medicare Advantage MSA Information

For Participant

This information
is being furnished
to the Internal
Revenue Service.

☐ VOID ☐ CORRECTED

TRUSTEE'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number		1 Employee or self-employed person's Archer MSA contributions made in 2016 and 2017 for 2016 \$	OMB No. 1545-1518 2016 Form 5498-SA
		2 Total contributions made in 2016 \$	
		3 Total HSA or Archer MSA contributions made in 2017 for 2016 \$	
TRUSTEE'S federal identification number	PARTICIPANT'S social security number	4 Rollover contributions \$	5 Fair market value of HSA, Archer MSA, or MA MSA \$
PARTICIPANT'S name Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code		6 HSA <input type="checkbox"/>	
		Archer MSA <input type="checkbox"/>	
		MA MSA <input type="checkbox"/>	
Account number (see instructions)			

**HSA, Archer MSA, or
Medicare Advantage
MSA Information**

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For Trustee

For Privacy Act
and Paperwork
Reduction Act
Notice, see the
**2016 General
Instructions for
Certain
Information
Returns.**