		CIED (if che	ecked)	_		
TRUSTEE'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone number		1 Employee or self-employed person's Archer MSA contributions made in 2013 and 2014 for 2013 \$ 2 Total contributions made in 2013		OMB No. 1545-1518	HSA, Archer MSA, or Medicare Advantage MSA Information	
		\$		Form 5498-SA		
TRUSTEE'S federal identification number	PARTICIPANT'S social security number	3 Total HSA or Archer MSA contributions made in 2014 for \$			or 2013	Сору В
PARTICIPANT'S name		4 Rollover contributions		5 Fair market value of HSA, Archer MSA, or MA MSA		For Participant
Street address (including apt. no.) City or town, province or state, country, and ZIP or foreign postal code		6 HSA Archer MSA MA				The information in boxes 1 through 6 is being
Account number (see instructions)		MSA				furnished to the Internal Revenue Service.

Form **5498-SA**

(keep for your records)

www.irs.gov/form5498sa

Department of the Treasury - Internal Revenue Service