CORRECTED (If checked)					
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 2014 and 2015 for 2014  \$ 2 Total contributions made in 2014	2014	HSA, Archer MSA, or Medicare Advantage MSA Information	
		\$	Form <b>5498-SA</b>		
TRUSTEE'S federal identification number	PARTICIPANT'S social security number	3 Total HSA or Archer MSA contributions made in 2015 for 2014			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.)		6 HSA			The information in boxes 1 through
City or town, state or province, country, and ZIP or foreign postal code		MA MSA			6 is being furnished to the Internal Revenue
Account number (see instructions)					Service.

Form **5498-SA** 

(keep for your records)

www.irs.gov/form5498sa

Department of the Treasury - Internal Revenue Service