

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 2016 and 2017 for 2016 \$	OMB No. 1545-1518  <b>2016</b>  Form <b>5498-SA</b>	<b>HSA, Archer MSA, or Medicare Advantage MSA Information</b>
		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  Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code		4 Rollover contributions \$	5 Fair market value of HSA, Archer MSA, or MA MSA \$	
		6 HSA <input type="checkbox"/> Archer MSA <input type="checkbox"/> MA MSA <input type="checkbox"/>		
Account number (see instructions)				

**Copy B**

**For Participant**

This information is being furnished to the Internal Revenue Service.