



Health Savings Account (HSA) IRS Tax Reporting Correction Request

1 HSA OWNER INFORMATION

NAME AND ADDRESS		
DAYTIME PHONE NUMBER	EVENING PHONE NUMBER	SOCIAL SECURITY NUMBER (SSN)

2 ACCOUNT INFORMATION

ACCOUNT NUMBER	TAX YEAR	DATE FORM SUBMITTED:

3 REPORTING CORRECTIONS (List transactions that require changes. Please use back of form if listing more than 5 transactions)

	TRANSACTION DATE	TRANSACTION AMOUNT	DETAILED DESCRIPTION OF ERROR
1			
2			
3			
4			
5			

DESCRIPTION OF OTHER CORRECTIONS IF NECESSARY: Distributions - Form 1099-SA Contributions - Form 5498-SA

4 SIGNATURES

General Terms and Conditions

Fee Associated with Tax Reporting Corrections: First American bank retains the right to charge an account research fee as disclosed in the bank fee schedule for IRS Tax Reporting corrections. No fee will be charged for corrections that are required due to bank error.

Tax Advice: Please consult your tax advisor regarding any tax corrections or implications for transaction types listed as exceptions to the definition of Normal Distribution. Exceptions include removal of excess contributions, death distribution, disability distributions and prohibited transactions. Form more detailed information on the aforementioned transaction types please refer to IRS Publication 969.

_____ Signature of HSA Owner	_____ Date	 _____ Signature of Custodian	_____ Date
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