

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]

[Recipient Name]  
[Recipient Title]  
[Recipient Organization]  
[Organization Address]  
[City, State, Zip Code]

Subject: HSA Contribution Verification Letter

Dear [Recipient Name],

I am writing to verify the contributions made to my Health Savings Account (HSA) for the tax year [Year].

Account Information:

- Account Holder Name: [Your Full Name]
- HSA Account Number: [Your Account Number]
- Financial Institution: [Name of the Bank/Institution]

Contribution Details:

- Total Contributions for [Year]: \$[Total Amount]
- Contribution Dates:
  - [Date] - \$[Amount]
  - [Date] - \$[Amount]
  - [Date] - \$[Amount]

Please let me know if you require any additional documentation or information to complete the verification process.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]  
[Your Title (if applicable)]