

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. LAKE REGIONAL HEALTH SYSTEM 54 HOSPITAL DRIVE OSAGE BEACH MO 65065 573-348-8379		OMB No. 1545-0116 Form 1099-NEC (Rev. January 2022) For calendar year 20 22		Nonemployee Compensation Copy B For Recipient This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
PAYER'S TIN 237339737	RECIPIENT'S TIN 87-2112295	1 Nonemployee compensation \$ 137514.40		
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code MINIAR LLC 5105 FORUM BLVD COLUMBIA, MO 65203		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>		
		3		
		4 Federal income tax withheld \$		
Account number (see instructions) A109655		5 State tax withheld \$	6 State/Payer's state no.	7 State income \$