

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		OMB No. 1545-0116
LAKE REGIONAL HEALTH SYSTEM 54 HOSPITAL DRIVE OSAGE BEACH MO 65065 573-348-8379		Form 1099-NEC (Rev. January 2022) For calendar year 20 <u>22</u>
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 3
		4 Federal income tax withheld \$
Account number (see instructions) A109655		5 State tax withheld \$
		6 State/Payer's state no. \$
		7 State income \$

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.

Form **1099-NEC** (Rev. 1-2022) NECLMB (keep for your records) NEC5111 www.irs.gov/Form1099NEC Department of the Treasury - Internal Revenue Service