

CORRECTED (if checked)

PAYER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone number
MOLINA HEALTHCARE OF TX
84 NE LOOP 410, SUITE 200
SAN ANTONIO TX 78216
(888) 562-5442 x117458

PAYER'S federal identification number
20-1494502
RECIPIENT'S identification number
20-1401614

RECIPIENT'S name, street address (including apt. no.), city or town, province or state, country, and ZIP or foreign postal code

SUMANA KETHA MD PA
2925 SKYWAY CIR N
IRVING TX 750383510

Account number (see instructions) 50157155

11 Foreign tax paid
\$
15a Section 409A deferrals
\$
12 Foreign country or U.S. possession
15b Section 409A income
\$

Form 1099-MISC www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

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Miscellaneous Income

OMB No. 1545-0115

2013

Form 1099-MISC

Copy 2

4 Federal income tax withheld

6 Medical and health care payments

8 Substitute payments in lieu of dividends or interest

10 Crop insurance proceeds

14 Gross proceeds paid to an attorney

17 State/Payer's state no.

18 State income

To be filed with recipient's state income tax return, when required.

Miscellaneous Income

OMB No. 1545-0115

2013

Form 1099-MISC

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For Recipient

This is important tax information and is being furnished to the Internal Revenue Service. 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.

Department of the Treasury - Internal Revenue Service