Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

▶ **Go to *www.irs.gov/FormW9* for instructions and the latest information.**

**Give Form to the requester. Do not send to the IRS.**

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
**Metropolitan Medical Services of North Carolina, Inc.**

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☑ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see Instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

*(Applies to accounts maintained outside the U.S.)*

5 Address (number, street, and apt. or suite no.) See instructions.
**15 Westside Drive**

Requester's name and address (optional)

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6 City, state, and ZIP code
**Asheville, North Carolina 28806**

7 List account number(s) here (optional)

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

**Social security number**
| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | – | | | – | | | | |

or

**Employer identification number**
| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 6 | – | 1 | 9 | 4 | 2 | 4 | 5 | 2 |

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

**Sign Here** Signature of U.S. person ▶ _____ Date ▶ 3-26-19

# General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

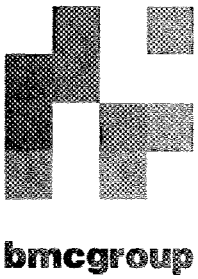
- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See* What is backup withholding, *later.*

October 21, 2019

METROPOLITAN MEDICAL S
15 WESTSIDE DRIVE
ASHEVILLE, NC 28806-2846




**RE: Pioneer Health Services, Inc., et al. (the "Debtors"), United States Bankruptcy Court, Southern District of Mississippi, Jointly Administered under Case No. 16-01119**

Dear Claimant:

BMC Group, Inc. is ("BMC") employed as the claims and noticing agent for Marshall Glade, the Liquidating Trustee ("Liquidating Trustee") of the Liquidating Trusts of Pioneer Health Services, Inc., et al. ("Trusts"), established pursuant to the Joint Liquidating Chapter 11 Plan [Docket No. 2019] as amended or modified, and confirmed by the United States Bankruptcy Court for the Southern District of Mississippi's Order dated October 15, 2018 [Docket No. 3746] entered in Bankruptcy Case No. 16-01119.

You have been identified as potentially having an allowed claim in one or more of the Debtors' bankruptcy cases. Before the Liquidating Trustee can make a distribution to you on account of your claim, you must complete and submit the enclosed IRS form W-9 to BMC on behalf of the Liquidating Trustee no later than November 11, 2019. Your failure to provide the Liquidating Trustee with the requested form W-9 by the specified date will materially delay any payment to you on account of your claim.

| **Regular Mail** | **Messenger or Overnight Delivery** |
|---|---|
| BMC Group, Inc.<br>Attn: Pioneer Health Services, Inc. et al.<br>PO Box 90100<br>Los Angeles, CA 90009 | BMC Group, Inc.<br>Attn: Pioneer Health Services, Inc. et al.<br>3732 West 120th St<br>Hawthorne, CA 90250 |

**To most effectively match your completed W-9 form to your claim,** it is important the enclosed form be filled out and returned to BMC along with a copy of this letter. The company/claimant name on the form W-9 should match the name exactly as shown on your Proof of Claim or in the Debtors' Schedules, or you must provide the Liquidating Trustee with documents that support any differences.

The name and address shown at the top of this page is the address associated with your claim(s). After the Liquidating Trustee receives the form W-9 back from you he will send your distribution check to that address made payable to that name. If the information is incorrect, please notify the Liquidating Trustee immediately by completing the change of address box below.

CHANGE OF ADDRESS:

| | |
|---|---|
| NAME | |
| ADDRESS | |
| PHONE/EMAIL | |

If you have any questions regarding this matter, please contact BMC Group, Inc. at: 888-909-0100 or by email at: CallCenter@bmcgroup.com.

Sincerely, BMC Group, Inc.