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.
Angela Lynn McHone

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.
2325 Pitzer Rd

6 City, state, and ZIP code
Danbury NC 27016

7 List account number(s) here (optional)

Requester's name and address (optional)

RECEIVED
NOV 08 2019
BMC GROUP

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
245 - 47 - 1626

or

Employer identification number
__ - _____

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 ▶ Angela McHone Date ▶ 11-6-19

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 subjec 's backup withholding, *later.*

Pioneer W9
00414

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Pioneer Health Services, Inc.
Employee Change of Status Form

JS
5/19/16

Employee Name Angela McHone Location PHHS

Effective Date of Change 5/18/16 Department Home Health
(Pay rate changes must be the first Monday of payroll)

Reason for change(check every box that applies)

Location change ☐ Pay change ☐ Title change ☐ Supervisor change ☐

Depart change ☐ Name change ☐ Address ☐ Phone ☐

Discharge ☐ ResignationX ☐ Leave of Absence ☐ Other ☐

Reason for change explanation
(If termination or status change, give full explanation)
Not getting paid timely - concern will not get all pay even over the next 4 wks.
HH not getting referrals p̄ acute/swings stopped at hospital
Will assist with program closure

Recommend Rehire Yes / No (Circle one)

* payout out PTO of 62.75 hours

	Current	New
Status	Full time	
Job Title	RN/Administrator	
Department	Home Health	
Location	Home Health	
Pay Rate	$85,000 per year salary	
Supervisor	Angela McHone	
Name Change		

(Copy of updated Social Security Card must be provided as proof of name change)

New Address

New Phone Number

New Emergency Contact Information

Other

Angela McHone 4-21-16
Employee Signature Date

Supervisor Signature Date

Pamela P. Tillman 4/25/16
Administrator Signature Date

October 21, 2019

PIONEER HOME HEALTH
OF STOKES
PO BOX 10
DANBURY, NC 27016-0010

bmcgroup

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. Attn: Pioneer Health Services, Inc. et al. PO Box 90100 Los Angeles, CA 90009	BMC Group, Inc. Attn: Pioneer Health Services, Inc. et al. 3732 West 120th St 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.

44170529001879

PIONEER HOME HEALTH
OF STOKES
PO BOX 10
DANBURY, NC 27016-0010

Lisa Joyce

From: Pamela Tillman
Sent: Wednesday, November 06, 2019 8:05 PM
To: Lisa Joyce
Subject: FW: PTO payout checks

Lisa, please print this email showing our communication to Julie Gieger regarding the need to make Angela McHone whole. Since we had Angela sign the inquiry sent to home health, it seems the courts have decided home health is a debtor entity. Also, if you have any documentation to show the amt owed to Angela, please attach that as well.
Thanks,
Pam

Pamela Tillman
LifeBrite Community Hospital of Stokes
Administrator
1570 NC 8 & 89 Highway N
Danbury, NC 27016
Phone 336-593-5314
Fax 336-593-5350
ptillman@lifebritestokes.com
www.lifebritestokes.com

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From: Julie Gieger <JulieGieger@phscorporate.com>
Sent: Sunday, April 21, 2019 7:33 PM
To: Pamela Tillman <ptillman@lifebritestokes.com>
Cc: Lisa Joyce <ljoyce@lifebritestokes.com>; Laura M. Clemente <lclemente@glassratner.com>
Subject: Re: PTO payout checks

Hi Pam,

S
Dr. Sam Newsome's check was mailed to 124 Mountain View Road, King NC 27021.

I have included Laura Clemente, with the Trustee's office on this email in case there is a need for further follow up.

Regarding Angela McHone, these checks only address Debtor entities and the Home Health was a separate entity that did not declare bankruptcy. I will try to research her but I am not sure what if any action can be taken now.

Thanks,

Julie Gieger
Pioneer Health Services, Inc.

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containing such material shall be returned to the originating party with such advisement noted. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message.

On Apr 16, 2019, at 11:09 AM, Pamela Tillman <ptillman@lifebritestokes.com> wrote:

Hey Julie,
Dr. Newsome has contacted us stating he did not receive a PTO payout check. He was on the list but I told him we have no part in the process. Can you verify what address his check was mailed to? The last we had was PO Box 1129, King, NC 27021

Also, Angela McHone (she was director of Home Health) contacted stating she did not get a PTO check- we had added her to our list since we knew she did not get a PTO payout and possibly not her last check. I am attaching the information provided last July regarding Home Health here.

Pamela Tillman
LifeBrite Community Hospital of Stokes
Administrator
1570 NC 8 & 89 Highway N
Danbury, NC 27016
Phone 336-593-5314
Fax 336-593-5350
ptillman@lifebritestokes.com
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<Home Health PTO payout needed.pdf>

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