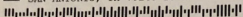


COMMUNITY FIRST HEALTH PLANS, INC.
12238 SILICON DRIVE
SUITE 100
SAN ANTONIO, TX 78249-3373



091178

C925 1of1 75 86 P1
PARMAR, RESHMA S.
1908 ARTEMIS PATH
SAN ANTONIO, TX 78245-1871



CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. COMMUNITY FIRST HEALTH PLANS, INC. 12238 SILICON DRIVE SUITE 100 SAN ANTONIO, TX 78249-3373 (210) 358-6043		CMB No. 1545-0116 2021 Form 1099-NEC		Nonemployee Compensation	
PAYER'S TIN 74-2723334	RECIPIENT'S TIN XXXXX3981	1 Nonemployee compensation \$ 10,786.71	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 recipient penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.		
RECIPIENT'S name PARMAR, RESHMA S. 1908 ARTEMIS PATH SAN ANTONIO, TX 78245-1871		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	3		
Account number (see instructions) PA-NE-0000039		4 Federal income tax withheld \$	5 State tax withheld	6 State/Payer's state no.	7 State income \$
Form 1099-NEC (keep for your records)		www.irs.gov/Form1099NEC		Department of the Treasury - Internal Revenue Service	

Instructions for Recipient - 1099-NEC (2021)

You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare tax.

If you believe you are an employee and cannot get the payer to correct this form, report this amount on the line for "Wages, salaries, tips, etc." of Form 1040, 1040-SR, or 1040-NR. You must also complete Form 8919 and attach it to your return. For more information, see Pub. 1779, Independent Contractor or Employee.

If you are not an employee but the amount in this box is not self-employment (SE) income (for example, it is income from a sporadic activity or a hobby), report this amount on the "Other income" line (on Schedule 1 (Form 1040)).

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS. Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1. Shows nonemployee compensation. If the amount in this box is SE income, report it on Schedule C or F (Form 1040) if a sole proprietor, or on Form 1065 and Schedule K-1 (Form 1065) if a partnership, and the recipient/partner completes Schedule SE (Form 1040).

Note: If you are receiving payments on which no income, social security, and Medicare taxes are withheld, you should make estimated tax payments. See Form 1040-ES (or Form 1040-ES (NR)). Individuals must report these amounts as explained in these box 1 instructions.

Corporations, fiduciaries, and partnerships must report these amounts on the appropriate line of their tax returns.

Box 2. If checked, consumer products totaling \$5,000 or more were sold to you for resale, on a buy-sell, a deposit-commission, or other basis. Generally, report any income from your sale of these products on Schedule C (Form 1040).

Box 3. Reserved for future use.

Box 4. Shows backup withholding. A payer must backup withhold on certain payments if you did not give your TIN to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this amount on your income tax return as tax withheld.

Boxes 5-7. State income tax withheld reporting boxes.

Future developments. For the latest information about developments related to Form 1099-NEC and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099NEC.

Free File. Go to www.irs.gov/FreeFile to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.

VOID CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. COMMUNITY FIRST HEALTH PLANS, INC. 12238 SILICON DRIVE SUITE 100 SAN ANTONIO, TX 78249-3373 (210) 358-6043		CMB No. 1545-0116 2021 Form 1099-NEC		Nonemployee Compensation	
PAYER'S TIN 74-2723334	RECIPIENT'S TIN XXXXX3981	1 Nonemployee compensation \$ 10,786.71	Copy 2 To be filed with recipient's state income tax return, when required.		
RECIPIENT'S name PARMAR, RESHMA S. 1908 ARTEMIS PATH SAN ANTONIO, TX 78245-1871		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	3		
Account number (see instructions) PA-NE-0000039		4 Federal income tax withheld \$	5 State tax withheld	6 State/Payer's state no.	7 State income \$
Form 1099-NEC		www.irs.gov/Form1099NEC		Department of the Treasury - Internal Revenue Service	