

Section 1—Providers. Continued. Complete all information for each provider.

2a. Provider first name 2b. Initial 2c. Provider last name

2d. Provider business name, if applicable

2e. Provider address

2f. City 2g. State 2h. ZIP code

2i. Provider SSN 2j. Provider federal employer identification no. (FEIN)

2k. Provider phone 2l. Qualifying individual to provider relationship code

2m. Amount you paid to provider 2m.

3a. Provider first name 3b. Initial 3c. Provider last name

3d. Provider business name, if applicable

3e. Provider address

3f. City 3g. State 3h. ZIP code

3i. Provider SSN 3j. Provider federal employer identification no. (FEIN)

3k. Provider phone 3l. Qualifying individual to provider relationship code

3m. Amount you paid to provider 3m.

4. Total the amounts you paid to the providers on lines 1m, 2m, and 3m here 4.

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