

CORRECTED (if checked)

ACQUIRER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Tax Form Issuer, Inc 12021 Sunset Valley Dr Suite 230 Preston, VA 20191 888-555-1212		1 Amount paid to payment recipient \$ 1200.00	OMB No. 1545-2281 Form 1099-LS (Rev. December 2019) For calendar year 20 <u>22</u>
ACQUIRER'S TIN 12-3456789		PAYMENT RECIPIENT'S TIN xxx-xx-1234	2 Date of sale 07/01/2020
ACQUIRER'S TIN 12-3456789		ISSUER'S name R I Associates	
PAYMENT RECIPIENT'S name Kris Q Public Street address (including apt. no.) 1 Main St City or town, state or province, country, and ZIP or foreign postal code Melrose, NY 12121		Acquirer's information contact name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. (if different from ACQUIRER) J Q Public 1 Main St Melrose, NY 12121	
Policy number string			

Reportable Life Insurance Sale

**Copy B
For Payment Recipient**


This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this item is required to be reported and the IRS determines that it has not been reported.

Form **1099-LS** (Rev. 12-2019)

(keep for your records)

www.irs.gov/Form1099LS

Department of the Treasury - Internal Revenue Service



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