

CORRECTED (if checked)

PAYER'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 Gross long-term care benefits paid \$ 1000.00	OMB No. 1545-1519 Form 1099-LTC (Rev. October 2019)	Long-Term Care and Accelerated Death Benefits
PAYER'S TIN 12-3456789		2 Accelerated death benefits paid \$ 2000.00	For calendar year 20 22	
POLICYHOLDER'S TIN xxx-xx-1234		3 <input checked="" type="checkbox"/> Per diem <input checked="" type="checkbox"/> Reimbursed amount	INSURED'S TIN 555-55-5555	Copy B For Policyholder 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.
POLICYHOLDER'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		INSURED'S name Taylor 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		
Account number (see instructions) 111-55555555	4 Qualified contract <input checked="" type="checkbox"/> (optional)	5 (optional) <input checked="" type="checkbox"/> Chronically ill <input type="checkbox"/> Terminally ill	Date certified 04/01/2020	

Form **1099-LTC** (Rev. 10-2019)

(keep for your records)

www.irs.gov/Form1099LTC

Department of the Treasury - Internal Revenue Service

Tax Form Issuer, Inc
12021 Sunset Valley Dr
Suite 230
Preston, VA 20191

Kris Q Public
1 Main St
Melrose, NY 12121

