

CORRECTED (if checked)

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| 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 <u>22</u> | |
| 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

QR CODE WITH TAX DOCUMENT DATA

The Financial Data Exchange standards-setting organization defines the use of QR codes for US Tax data.

For more information about how this code can be used visit:
<https://financialdataexchange.org/us-tax>

