☐ CORRECTED (if checked)

ACQUIRER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	1 Amount paid to payment recipient	OMB No. 1545-2281	**Reportable Life Insurance Sale**
John Doe **123 s 2nd st** **Maimi, Fl - 33139** **(123)-456-7899**	$ **1000**	Form **1099-LS** (Rev. April 2025)	
	2 Date of sale	For calendar year **2026**	

ACQUIRER'S TIN	PAYMENT RECIPIENT'S TIN	Issuer's name	**Copy B** **For Payment Recipient**
12-3456789	**xxx-xx-123**		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.

PAYMENT RECIPIENT'S name

James Smith

Street address (including apt. no.)

456 w 3rd St

City or town, state or province, country, and ZIP or foreign postal code

Beverly Hills, CA - 90210

Policy number

123456789

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)