☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	1 Gross long-term care benefits paid	OMB No. 1545-1519	**Long-Term Care and Accelerated Death Benefits**
John Doe **123 s 2nd st** **Maimi, Fl - 33139** **(123)-456-7899**	$ **1000**	Form **1099-LTC** (Rev. April 2025)	
	2 Accelerated death benefits paid	For calendar year **2026**	
PAYER'S TIN: **12-3456789** / POLICYHOLDER'S TIN: **xxx-xx-123**	$	INSURED'S TIN	**Copy B** **For Policyholder**
POLICYHOLDER'S name: **James Smith**	3 ☐ Per diem ☐ Reimbursed amount	INSURED'S name	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.
Street address (including apt. no.): **456 w 3rd St**		Street address (including apt. no.)	
City or town, state or province, country, and ZIP or foreign postal code: **Beverly Hills, CA - 90210**		City or town, state or province, country, and ZIP or foreign postal code	
Account number (see instructions): **123456789**	4 Qualified contract ☐ (optional)	5 (optional) ☐ Chronically ill ☐ Terminally ill	Date certified

Form **1099-LTC** (Rev. 4-2025) (keep for your records) www.irs.gov/Form1099LTC Department of the Treasury - Internal Revenue Service