

☐ 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. Reichert, Kuhlman and Brown 8755 Dee Creek East Yuton, FL 53954 555-867-5309 | | 1 Gross long-term care benefits paid \$ 200.00 | OMB No. 1545-1519 Form 1099-LTC (Rev. April 2025) | | Long-Term Care and Accelerated Death Benefits |
| | | 2 Accelerated death benefits paid \$ 300.00 | For calendar year 2025 | | |
| PAYER'S TIN 00-0498291 | POLICYHOLDER'S TIN 000-57-1007 | 3 <input checked="" type="checkbox"/> Per diem <input checked="" type="checkbox"/> Reimbursed amount INSURED'S TIN insuredId | | 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 Johnathon Tillman Street address (including apt. no.) 619 Doyle Rest City or town, state or province, country, and ZIP or foreign postal code North Julianchester, AZ 59776 | | | | | |
| Account number (see instructions) 895-64796-0 | 4 Qualified contract <input checked="" type="checkbox"/> (optional) | 5 (optional) <input checked="" type="checkbox"/> Chronically ill <input checked="" type="checkbox"/> Terminally ill | Date certified 01/05/2025 | | |

Form **1099-LTC** (Rev. 4-2025)

(keep for your records)

www.irs.gov/Form1099LTC

Department of the Treasury - Internal Revenue Service