

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  <b>Reichert, Kuhlman and Brown</b> <b>8755 Dee Creek</b> <b>East Yuton, FL 53954</b> <b>555-867-5309</b>		<b>1</b> Gross long-term care benefits paid  \$ <b>200.00</b>	OMB No. 1545-1519 Form <b>1099-LTC</b> (Rev. April 2025)	<b>Long-Term Care and Accelerated Death Benefits</b>
PAYER'S TIN <b>00-0498291</b>		<b>2</b> Accelerated death benefits paid  \$ <b>300.00</b>	For calendar year <b>2025</b>	
POLICYHOLDER'S TIN <b>000-25-6964</b>		<b>3</b> <input checked="" type="checkbox"/> Per diem <input checked="" type="checkbox"/> Reimbursed amount	INSURED'S TIN <b>insuredId</b>	<b>Copy B</b> <b>For Policyholder</b> 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  <b>Maxie Batz</b>  Street address (including apt. no.) <b>004 Calvin Summit</b>  City or town, state or province, country, and ZIP or foreign postal code <b>Romaguerafort, NM 04938</b>		INSURED'S name <b>Will-Pfannerstill</b>  Street address (including apt. no.) <b>2093 Heller Park</b>  City or town, state or province, country, and ZIP or foreign postal code <b>Luettgenstad, LA 43416</b>		
Account number (see instructions) <b>491-32221-4</b>	<b>4</b> Qualified contract <input checked="" type="checkbox"/> (optional)	<b>5</b> (optional) <input checked="" type="checkbox"/> Chronically ill <input checked="" type="checkbox"/> Terminally ill	Date certified <b>10/21/2025</b>	

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

(keep for your records)

[www.irs.gov/Form1099LTC](http://www.irs.gov/Form1099LTC)

Department of the Treasury - Internal Revenue Service