

CORRECTED (if checked)

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 Yutan, FL 53954
555-867-5309

1 Gross long-term care benefits paid

OMB No. 1545-1519

Form **1099-LTC**

(Rev. April 2025)

Long-Term Care and Accelerated Death Benefits

\$ 200.00

2 Accelerated death benefits paid

For calendar year

2025

PAYER'S TIN POLICYHOLDER'S TIN
00-0498291 000-10-8884

\$ 300.00

3

Per diem Reimbursed amount

INSURED'S TIN

insuredId

POLICYHOLDER'S name

Isreal Hermann

Street address (including apt. no.)

5837 Schaefer Underpass

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

Port Damienland, VT 64040

INSURED'S name

Stiedemann-Collier

Street address (including apt. no.)

5676 Emmerich Station

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

Bartolettibury, NE 92245

Account number (see instructions)

511-21422-9

4 Qualified contract

(optional)

5 (optional)

Chronically ill

Date certified

03/28/2025

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

(keep for your records)

www.irs.gov/Form1099LTC

Department of the Treasury - Internal Revenue Service

**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.