

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

PAYER'S TIN      POLICYHOLDER'S TIN  
00-0498291      000-25-6964

POLICYHOLDER'S name  
**Maxie Batz**  
Street address (including apt. no.)  
**004 Calvin Summit**  
City or town, state or province, country, and ZIP or foreign postal code  
**Romaguerafort, NM 04938**

Account number (see instructions)  
**491-32221-4**

4 Qualified contract  
 (optional)

1 Gross long-term care benefits paid

\$ **200.00**

2 Accelerated death benefits paid

\$ **300.00**

3

Per diem     Reimbursed amount

INSURED'S name

**Will-Pfannerstill**

Street address (including apt. no.)

**2093 Heller Park**

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

**Luettgenstad, LA 43416**

5 (optional)

Chronically ill

Date certified

Terminally ill

**10/21/2025**

OMB No. 1545-1519

Form **1099-LTC**

(Rev. April 2025)

**Long-Term Care and Accelerated Death Benefits**

**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.

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

(keep for your records)

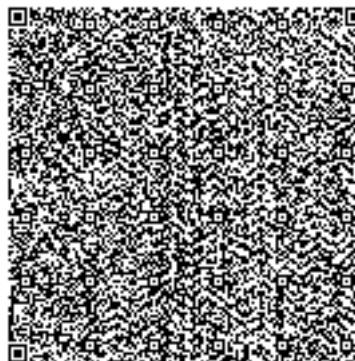
[www.irs.gov/Form1099LTC](http://www.irs.gov/Form1099LTC)

Department of the Treasury - Internal Revenue Service

**QR CODE WITH TAX DOCUMENT DATA**

The Financial Data Exchange standards-setting organization defines the use of QR codes for US Tax data.

For more information about how this code can be used visit:  
<https://financialdataexchange.org/us-tax>



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 FINANCIAL DATA EXCHANGE