

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 000-57-1007

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) 4 Qualified contract
895-64796-0 (optional)

1 Gross long-term care benefits paid

\$ 200.00

2 Accelerated death benefits paid

\$ 300.00

3 Per diem Reimbursed amount

OMB No. 1545-1519

Form 1099-LTC

(Rev. April 2025)

For calendar year
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.

INSURED'S TIN
insuredId

INSURED'S name
Balistreri-Klocko

Street address (including apt. no.)

057 Feeney Gardens

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

East Refugiofurt, NJ 33348

5 (optional) Chronically ill Date certified
 Terminally ill 01/05/2025

Form 1099-LTC (Rev. 4-2025)

(keep for your records)

www.irs.gov/Form1099LTC

Department of the Treasury - Internal Revenue Service