

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) 4 Qualified contract
491-32221-4 (optional)

1 Gross long-term care benefits paid

\$ 200.00

OMB No. 1545-1519

Form 1099-LTC

(Rev. April 2025)

2 Accelerated death benefits paid

\$ 300.00

3 Per diem Reimbursed amount

For calendar year

2025

INSURED'S TIN

insuredId

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

Terminally ill

Date certified

10/21/2025

Long-Term Care and Accelerated Death Benefits

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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

Department of the Treasury - Internal Revenue Service