

☐ 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 Yuton, FL 53954 555-867-5309		1 Gross long-term care benefits paid \$ 200.00	OMB No. 1545-1519 Form 1099-LTC (Rev. April 2025)		Long-Term Care and Accelerated Death Benefits
		2 Accelerated death benefits paid \$ 300.00	For calendar year 2025		
PAYER'S TIN 00-0498291	POLICYHOLDER'S TIN 000-25-6964	3 <input checked="" type="checkbox"/> Per diem <input checked="" type="checkbox"/> Reimbursed amount		INSURED'S TIN insuredId	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.
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		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			
Account number (see instructions) 491-32221-4	4 Qualified contract <input checked="" type="checkbox"/> (optional)	5 (optional) <input checked="" type="checkbox"/> Chronically ill <input checked="" type="checkbox"/> Terminally ill	Date certified 10/21/2025		

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

(keep for your records)

www.irs.gov/Form1099LTC

Department of the Treasury - Internal Revenue Service