

Caution: *DRAFT—NOT FOR FILING*

This is an early release draft of an IRS tax form, instructions, or publication, which the IRS is providing for your information as a courtesy. **Do not file draft forms.** Also, do not rely on draft instructions and publications for filing. We generally do not release drafts of forms until we believe we have incorporated all changes. However, unexpected issues sometimes arise, or legislation is passed, necessitating a change to a draft form. In addition, forms generally are subject to OMB approval before they can be officially released. Drafts of instructions and publications usually have at least some changes before being officially released.

Early releases of draft forms and instructions are at [IRS.gov/draftforms](https://www.irs.gov/draftforms). Please note that drafts may remain on IRS.gov even after the final release is posted at [IRS.gov/downloadforms](https://www.irs.gov/downloadforms), and thus may not be removed until there is a new draft for the subsequent revision. All information about all revisions of all forms, instructions, and publications is at [IRS.gov/formspubs](https://www.irs.gov/formspubs).

Almost every form and publication also has its own easily accessible information page on IRS.gov. For example, the Form 1040 page is at [IRS.gov/form1040](https://www.irs.gov/form1040); the Form W-2 page is at [IRS.gov/w2](https://www.irs.gov/w2); the Publication 17 page is at [IRS.gov/pub17](https://www.irs.gov/pub17); the Form W-4 page is at [IRS.gov/w4](https://www.irs.gov/w4); the Form 8863 page is at [IRS.gov/form8863](https://www.irs.gov/form8863); and the Schedule A (Form 1040) page is at [IRS.gov/schedulea](https://www.irs.gov/schedulea). If typing in the links above instead of clicking on them: type the link into the address bar of your browser, not in a Search box; the text after the slash must be lowercase; and your browser may require the link to begin with “www.”. Note that these are shortcut links that will automatically go to the actual link for the page.

If you wish, you can submit comments about draft or final forms, instructions, or publications on the [Comment on Tax Forms and Publications](#) page on IRS.gov. We cannot respond to all comments due to the high volume we receive, but we will carefully consider each one. Please note that we may not be able to consider many suggestions until the subsequent revision of the product.

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☐ VOID☐ CORRECTED

| | | | | | |
|---|--|--|--|---------------------------------------|---|
| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. | | 1 Gross long-term care benefits paid | OMB No. 1545-1519 2017 Form 1099-LTC | | Long-Term Care and Accelerated Death Benefits Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2017 General Instructions for Certain Information Returns. |
| | | \$ | | | |
| PAYER'S federal identification number | | POLICYHOLDER'S identification number | \$ | INSURED'S taxpayer identification no. | |
| POLICYHOLDER'S name | | 3 Check one: <input type="checkbox"/> Per diem <input type="checkbox"/> Reimbursed amount | | | |
| | | INSURED'S name | | | |
| Street address (including apt. no.) | | Street address (including apt. no.) | | | |
| City or town, state or province, country, and ZIP or foreign postal code | | City or town, state or province, country, and ZIP or foreign postal code | | | |
| Account number (see instructions) | 4 Qualified contract <input type="checkbox"/> (optional) | 5 Check, if applicable: <input type="checkbox"/> Chronically ill <input type="checkbox"/> Terminally ill | Date certified | | |

Form **1099-LTC**

Cat. No. 23021Z

www.irs.gov/form1099ltc

Department of the Treasury - Internal Revenue Service

Do Not Cut or Separate Forms on This Page — Do Not Cut or Separate Forms on This Page

☐ CORRECTED (if checked)

| | | | | | |
|---|--|--|--|--|----------------|
| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. | | 1 Gross long-term care benefits paid | OMB No. 1545-1519 | | |
| | | \$ | 2017 | | |
| PAYER'S federal identification number | | 2 Accelerated death benefits paid | Form 1099-LTC | | |
| | | \$ | INSURED'S taxpayer identification no. | | |
| POLICYHOLDER'S identification number | | 3 | Copy B For Policyholder This is important tax information and is being furnished to the Internal Revenue Service. 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 | | <input type="checkbox"/> Per diem <input type="checkbox"/> Reimbursed amount | | | |
| Street address (including apt. no.) | | INSURED'S name | | | |
| City or town, state or province, country, and ZIP or foreign postal code | | Street address (including apt. no.) | | | |
| Account number (see instructions) | | 4 Qualified contract <input type="checkbox"/> (optional) | 5 (optional) | <input type="checkbox"/> Chronically ill <input type="checkbox"/> Terminally ill | Date certified |

Form **1099-LTC**

(keep for your records)

www.irs.gov/form1099ltc

Department of the Treasury - Internal Revenue Service

DO NOT FILE

Instructions for Policyholder

A payer, such as an insurance company or a viatical settlement provider, must give this form to you for payments made under a long-term care insurance contract or for accelerated death benefits. Payments include those made directly to you (or to the insured) and those made to third parties.

A long-term care insurance contract provides coverage of expenses for long-term care services for an individual who has been certified by a licensed health care practitioner as chronically ill. A life insurance company or viatical settlement provider may pay accelerated death benefits if the insured has been certified by either a physician as terminally ill or by a licensed health care practitioner as chronically ill.

Long-term care insurance contract. Generally, amounts received under a qualified long-term care insurance contract are excluded from your income. However, if payments are made on a per diem basis, the amount you may exclude is limited. The per diem exclusion limit must be allocated among all policyholders who own qualified long-term care insurance contracts for the same insured. See Pub. 525 and Form 8853, and its instructions for more information.

Per diem basis. This means the payments were made on any periodic basis without regard to the actual expenses incurred during the period to which the payments relate.

Accelerated death benefits. Amounts paid as accelerated death benefits are fully excludable from your income if the insured has been certified by a physician as terminally ill. Accelerated death benefits paid on behalf of

individuals who are certified as chronically ill are excludable from income to the same extent they would be if paid under a qualified long-term care insurance contract.

Policyholder's identification number. For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN). However, the issuer has reported your complete identification number to the IRS.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1. Shows the gross benefits paid under a long-term care insurance contract during the year.

Box 2. Shows the gross accelerated death benefits paid during the year.

Box 3. Shows if the amount in box 1 or 2 was paid on a per diem basis or was reimbursement of actual long-term care expenses. If the insured was terminally ill, this box may not be checked.

Box 4. May show if the benefits were from a qualified long-term care insurance contract.

Box 5. May show if the insured was certified chronically ill or terminally ill, and the latest date certified.

Future developments. For the latest developments related to Form 1099-LTC and its instructions, such as legislation enacted after they were published, go to www.irs.gov/form1099ltc.

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| | | | | |
|---|--|--|--|----------------|
| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. | | 1 Gross long-term care benefits paid | OMB No. 1545-1519 | |
| | | \$ | 2017 | |
| PAYER'S federal identification number | | 2 Accelerated death benefits paid | Form 1099-LTC | |
| | | \$ | INSURED'S taxpayer identification no. | |
| POLICYHOLDER'S name | | 3 | INSURED'S name | |
| | | <input type="checkbox"/> Per diem <input type="checkbox"/> Reimbursed amount | | |
| Street address (including apt. no.) | | Street address (including apt. no.) | | |
| City or town, state or province, country, and ZIP or foreign postal code | | City or town, state or province, country, and ZIP or foreign postal code | | |
| Account number (see instructions) | 4 Qualified contract <input type="checkbox"/> (optional) | 5 (optional) | <input type="checkbox"/> Chronically ill <input type="checkbox"/> Terminally ill | Date certified |

Long-Term Care and Accelerated Death Benefits

Copy C For Insured

Copy C is provided to you for information only. Only the policyholder is required to report this information on a tax return.

Form **1099-LTC**

(keep for your records)

www.irs.gov/form1099ltc

Department of the Treasury - Internal Revenue Service

DO NOT FILE

Instructions for Insured

A payer, such as an insurance company or a viatical settlement provider, must give this form to you and to the policyholder for payments made under a long-term care insurance contract or for accelerated death benefits. Payments include both benefits you received directly and expenses paid on your behalf to third parties.

If you are the insured but are not the policyholder, Copy C is provided to you for information only because these payments are not taxable to you. If you are also the policyholder, you should receive Copy B.

Insured's identification number. For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN). However, the issuer has reported your complete identification number to the IRS.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1. Shows the gross benefits paid under a long-term care insurance contract during the year.

Box 2. Shows the gross accelerated death benefits paid during the year.

Box 3. Shows if the amount in box 1 or 2 was paid on a per diem basis or was reimbursement of actual long-term care expenses. If you are terminally ill, this box may not be checked.

Box 4. May show if the benefits were from a qualified long-term care insurance contract.

Box 5. May show if you were certified chronically ill or terminally ill, and the latest date certified.

Future developments. For the latest developments related to Form 1099-LTC and its instructions, such as legislation enacted after they were published, go to www.irs.gov/form1099ltc.

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| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. | | 1 Gross long-term care benefits paid | OMB No. 1545-1519 | |
| | | \$ | 2017 | |
| PAYER'S federal identification number | | 2 Accelerated death benefits paid | Form 1099-LTC | |
| | | \$ | INSURED'S taxpayer identification no. | |
| POLICYHOLDER'S name | | 3 | INSURED'S name | |
| | | <input type="checkbox"/> Per diem <input type="checkbox"/> Reimbursed amount | | |
| Street address (including apt. no.) | | Street address (including apt. no.) | | |
| City or town, state or province, country, and ZIP or foreign postal code | | City or town, state or province, country, and ZIP or foreign postal code | | |
| Account number (see instructions) | 4 Qualified contract <input type="checkbox"/> (optional) | 5 Check, if applicable: <input type="checkbox"/> Chronically ill <input type="checkbox"/> Terminally ill | Date certified | |

Long-Term Care and Accelerated Death Benefits

Copy D For Payer

For Privacy Act and Paperwork Reduction Act Notice, see the **2017 General Instructions for Certain Information Returns.**

Form **1099-LTC**

www.irs.gov/form1099lrc

Department of the Treasury - Internal Revenue Service

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Instructions for Payer

To complete Form 1099-LTC, use:

- the 2017 General Instructions for Certain Information Returns, and
- the 2017 Instructions for Form 1099-LTC.

To get or to order these instructions go to www.irs.gov/form1099ltc.

Due dates. Furnish Copy B of this form to the policyholder by January 31, 2018.

Furnish Copy C of this form to the insured by January 31, 2018.

File Copy A of this form with the IRS by February 28, 2018. If you file electronically, the due date is April 2, 2018. To file electronically, you must have software that generates a file according to the specifications in Pub. 1220.

Need help? If you have questions about reporting on Form 1099-LTC, call the information reporting customer service site toll free at 1-866-455-7438 or 304-263-8700 (not toll free). Persons with a hearing or speech disability with access to TTY/TDD equipment can call 304-579-4827 (not toll free).

DRAFT
April 13, 2016
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