

9393

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		
		\$	<div style="font-size: 2em; font-weight: bold; text-align: center;">2015</div> Form 1099-LTC		
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	Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2015 General Instructions for Certain Information Returns.		
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.)			
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/form1099lrc Department of the Treasury - Internal Revenue Service
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Internal Use Only
DRAFT AS OF
April 24, 2014

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 2015 Form 1099-LTC	Long-Term Care and Accelerated Death Benefits
		2 Accelerated death benefits paid \$		
PAYER'S federal identification number	POLICYHOLDER'S identification number	3 <input type="checkbox"/> Per diem <input type="checkbox"/> Reimbursed amount		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 Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code		INSURED'S name Street address (including apt. no.) 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 Date certified <input type="checkbox"/> Terminally ill	

Form **1099-LTC**

(keep for your records)

www.irs.gov/form1099ltc

Department of the Treasury - Internal Revenue Service

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), or adoption taxpayer identification number (ATIN). However, the issuer has reported your complete identification number to the IRS and, where applicable, to state and/or local governments.

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.

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 2015 Form 1099-LTC	Long-Term Care and Accelerated Death Benefits
		2 Accelerated death benefits paid \$		
PAYER'S federal identification number	POLICYHOLDER'S identification number	3 <input type="checkbox"/> Per diem <input type="checkbox"/> Reimbursed amount		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.
POLICYHOLDER'S name Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code		INSURED'S name Street address (including apt. no.) 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 Date certified <input type="checkbox"/> Terminally ill	INSURED'S taxpayer identification no.	

Form **1099-LTC**

(keep for your records)

www.irs.gov/form1099ltc

Department of the Treasury - Internal Revenue Service

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), or adoption taxpayer identification number (ATIN). However, the issuer has reported your complete identification number to the IRS and, where applicable, to state and/or local governments.

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.

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 2015 Form 1099-LTC		Long-Term Care and Accelerated Death Benefits Copy D For Payer For Privacy Act and Paperwork Reduction Act Notice, see the 2015 General Instructions for Certain Information Returns.
		\$			
PAYER'S federal identification number		POLICYHOLDER'S identification number	2 Accelerated death benefits paid	INSURED'S taxpayer identification no.	
POLICYHOLDER'S name		3 <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 Check, if applicable: <input type="checkbox"/> Chronically ill <input type="checkbox"/> Terminally ill	
				Date certified	

Form **1099-LTC**

www.irs.gov/form1099lrc

Department of the Treasury - Internal Revenue Service

Instructions for Payer

To complete Form 1099-LTC, use:

- the 2015 General Instructions for Certain Information Returns, and
- the 2015 Instructions for Form 1099-LTC.

To order these instructions and additional forms, go to www.irs.gov/form1099ltc or call 1-800-TAX-FORM (1-800-829-3676).

Caution. Because paper forms are scanned during processing, you cannot file Forms 1096, 1097, 1098, 1099, 3921, 3922, or 5498 that you print from the IRS website.

Due dates. Furnish Copy B of this form to the policyholder by February 1, 2016.

Furnish Copy C of this form to the insured by February 1, 2016.

File Copy A of this form with the IRS by February 29, 2016. If you file electronically, the due date is March 31, 2016. To file electronically, you must have software that generates a file according to the specifications in Pub. 1220, Specifications for Electronic Filing of Forms 1097, 1098, 1099, 3921, 3922, 5498, 8935, and W-2G. The IRS does not provide a fill-in form option.

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).