

1111

VOID  CORRECTED

2019

ACQUIRER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	1 Amount paid to payment recipient	OMB No. 1545-0108
<p style="font-size: 2em; text-align: center;">INTERNAL USE ONLY</p>	\$	<p style="font-size: 2em; text-align: center;"><del>20</del>18</p>
	2 Date of sale	

**Reportable Life Insurance Sale**

ACQUIRER'S TIN	PAYMENT RECIPIENT'S TIN	Issuer's name
PAYMENT RECIPIENT'S name		<p style="font-size: 2em; text-align: center;">DRAFT AS OF</p> <p style="font-size: 4em; text-align: center;">August 9, 2018</p>
Street address (including apt. no.)		
City or town, state or province, country, and ZIP or foreign postal code		
Policy number		

**Copy A**  
**For**  
**Internal Revenue**  
**Service Center**  
**File with Form 1096.**  
 For Privacy Act and Paperwork Reduction Act Notice, see the **2018 General Instructions for Certain Information Returns.**

2019

CORRECTED (if checked)

2019

Reportable Life Insurance Sale

ACQUIRER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Amount paid to payment recipient \$	OMB No. 1545-0108
		2 Date of sale	2018 Form 1099-LS
ACQUIRER'S TIN	PAYMENT RECIPIENT'S TIN	Issuer's name	
PAYMENT RECIPIENT'S name		Acquirer's information contact entity name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. (if different from ACQUIRER)	
Street address (including apt. no.)			
City or town, state or province, country, and ZIP or foreign postal code			
Policy number			

INTERNAL USE ONLY  
 DRAFT AS OF  
 August 9, 2018

**Copy B  
 For Payment Recipient**

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-LS

(keep for your records)

www.irs.gov/Form1099LS

Department of the Treasury - Internal Revenue Service

## Instructions for Payment Recipient

An acquirer of a life insurance contract or any interest in a life insurance contract in a reportable policy sale under section 6050Y must give this form to you for payments made to you in the reportable policy sale.

### **Payment Recipient's taxpayer identification number (TIN).**

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

**Policy number.** Shows the policy number the life insurance company assigned to the life insurance contract.

**Box 1.** Shows the amount paid to you in the reportable policy sale under section 6050Y.

**Box 2.** Shows the date of sale.

**Issuer's name.** Shows the life insurance company that issued the life insurance contract acquired in the reportable policy sale under section 6050Y.

**Acquirer's information contact name, address, and phone number.** Shows the contact information of the acquirer. If blank, the contact information is the same as the ACQUIRER.

**Future developments.** For the latest developments related to Form 1099-LS and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/Form1099LS](http://www.irs.gov/Form1099LS).

August 9, 2018

CORRECTED (if checked)

ACQUIRER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Amount paid to payment recipient (optional) \$	OMB No. 1545-0108 <del>2018</del> Form <b>1099-LS</b>	<div style="border: 1px solid red; padding: 2px; display: inline-block; color: red; font-weight: bold;">2019</div> <b>Reportable Life Insurance Sale</b>
		2 Date of sale		
ACQUIRER'S TIN	PAYMENT RECIPIENT'S TIN	Issuer's name		<b>Copy C For Issuer</b>  Copy C is provided to you for information only. Only the payment recipient is required to report this information on a tax return.
PAYMENT RECIPIENT'S name		Acquirer's information contact entity name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. (if different from ACQUIRER)		
Street address (including apt. no.)				
City or town, state or province, country, and ZIP or foreign postal code				
Policy number				

Form **1099-LS**

(keep for your records)

[www.irs.gov/Form1099LS](http://www.irs.gov/Form1099LS)

Department of the Treasury - Internal Revenue Service

## Instructions for Issuer

An acquirer of a life insurance contract or any interest in a life insurance contract in a reportable policy sale under section 6050Y must give this form to you to report the acquisition.

If you are the issuer, Copy C is provided to you because you have an information reporting obligation under section 6050Y(b). You must file a Form 1099-SB with respect to the reportable policy sale under section 6050Y.

**Payment Recipient's taxpayer identification number (TIN).** For the payment recipient's protection, this form may show only the last four digits of the payment recipient's TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the acquirer has reported the payment recipient's complete TIN to the IRS.

**Policy number.** Shows the policy number assigned to the life insurance contract acquired by the acquirer.

**Box 1.** This box may show the amount paid to the payment recipient.

**Box 2.** Shows the date of sale.

**Issuer's name.** Shows your name as the life insurance company that issued the life insurance contract acquired in the reportable policy sale under section 6050Y.

**Acquirer's information contact name, address, and phone number.** Shows the contact information of the acquirer. If blank, the information is the same as ACQUIRER.

**Future developments.** For the latest developments related to Form 1099-LS and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/Form1099LS](http://www.irs.gov/Form1099LS).

VOID  CORRECTED

ACQUIRER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Amount paid to payment recipient \$	OMB No. 1545-0108 <del>2018</del> Form <b>1099-LS</b>	<b>2019</b> <b>Reportable Life Insurance Sale</b>
		2 Date of sale		
ACQUIRER'S TIN	PAYMENT RECIPIENT'S TIN	Issuer's name		<b>Copy D For Acquirer</b> For Privacy Act and Paperwork Reduction Act Notice, see the <b>2018 General Instructions for Certain Information Returns.</b>
PAYMENT RECIPIENT'S name		Acquirer's information contact entity name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. (if different from ACQUIRER)		
Street address (including apt. no.)				
City or town, state or province, country, and ZIP or foreign postal code				
Policy number				

Form **1099-LS**

www.irs.gov/Form1099LS

Department of the Treasury - Internal Revenue Service

**2019**

March 31,

2020

2019

### Instructions for Acquirer

To complete Form 1099-LS, use:

- The 2018 General Instructions for Certain Information Returns, and
- The 2018 Instructions for Form 1099-LS.

To get or to order these instructions, go to [www.irs.gov/Form1099LS](http://www.irs.gov/Form1099LS).

**Due dates.** Furnish Copy B of this form to the policyholder by January 31, 2019.

Furnish Copy C of this form to the issuer no later than January 15, 2019.

File Copy A of this form with the IRS by February 28, 2019. If you file electronically, the due date is April 1, 2019. To file electronically, you must have software that generates a file according to the specifications in Pub. 1220. The IRS does not provide a fill-in form option for Copy A.

**Need help?** If you have questions about reporting on Form 1099-LS, call the information reporting customer service site toll free at 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).

August 9, 2018

2020