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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		
		\$	Form <b>1099-LTC</b> (Rev. April 2025)		
PAYER'S TIN		POLICYHOLDER'S TIN	2 Accelerated death benefits paid	For calendar year _____	
			\$	INSURED'S TIN	
POLICYHOLDER'S name		3 Check one: <input type="checkbox"/> Per diem <input type="checkbox"/> Reimbursed amount		INSURED'S name	
		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 (optional):		<input type="checkbox"/> Chronically ill	Date certified
				<input type="checkbox"/> Terminally ill	

**Long-Term Care and Accelerated Death Benefits**

**Copy A**  
**For Internal Revenue Service Center**

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

[www.irs.gov/Form1099](http://www.irs.gov/Form1099)

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

Cat. No. 23021Z

[www.irs.gov/Form1099LTC](http://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	<b>Long-Term Care and Accelerated Death Benefits</b>
		\$	Form <b>1099-LTC</b> (Rev. April 2025)	
PAYER'S TIN		2 Accelerated death benefits paid	For calendar year	<b>Copy B</b> <b>For Policyholder</b> 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.
		\$	INSURED'S TIN	
POLICYHOLDER'S name		3 <input type="checkbox"/> Per diem <input type="checkbox"/> Reimbursed amount	INSURED'S name	
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	
Account number (see instructions)		4 Qualified contract <input type="checkbox"/> (optional)		

## 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 either by 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 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 issuer has reported your complete TIN 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](http://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	<b>Long-Term Care and Accelerated Death Benefits</b>
		\$	Form <b>1099-LTC</b> (Rev. April 2025)	
PAYER'S TIN		2 Accelerated death benefits paid	For calendar year	<b>Copy C For Insured</b>
		\$	_____	
POLICYHOLDER'S TIN		3	INSURED'S TIN	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		<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

## 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 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 issuer has reported your complete TIN 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](http://www.irs.gov/Form1099LTC).

**Free File Program.** Go to [www.irs.gov/FreeFile](http://www.irs.gov/FreeFile) to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.