

TREASURY/IRS AND OMB USE ONLY DRAFT

☐ CORRECTED (if checked)

ISSUER'S name Pollich, King and Carter					OMB No. 1545-XXXX		Long-Term Care Premiums Paid Statement	
Street address 017 Bogisich Camp		Room or suite no. 455			Form 1099-LPS (December 2026)			
City or town New Mariann		Telephone number 555-867-5309			For calendar year 2026			
State or province ND	Country	ZIP or foreign postal code 01398		1 Long-term care premiums and charges paid \$ 200.00				
ISSUER'S TIN 00-0672150		POLICYHOLDER'S TIN xxx-xx-2259		2 Insured's relationship to the policyholder Check one: ☒ Self ☒ Spouse		INSURED'S TIN xxx-xx-3456		
POLICYHOLDER'S name Chastity Rina Willms				INSURED'S name Mabel Vivan Ernser				
Street address 8663 Haley Vista			Apt. no. 022		Street address 772 Hilda Crest		Apt. no. 090	
City or town West Zula				City/town McGlynnland				
State or province SD	Country	ZIP or foreign postal code 61999		State/province KS	Country	ZIP/foreign code 25860		
Account number (see instructions) 440-17118-4								

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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.

Form **1099-LPS** (12-2026)

(keep for your records)

www.irs.gov/Form1099LPS

Department of the Treasury - Internal Revenue Service