

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Koss Group 430 Stanton Shores Apt 451 East Michalebury, ID 14363 555-967-5200		1 Gross long-term care benefits paid \$ 200.00	OMB No. 1545-1519 Form 1099-LTC (Rev. April 2025)		Long-Term Care and Accelerated Death Benefits
		2 Accelerated death benefits paid \$ 300.00	For calendar year 2026		
PAYER'S TIN 00-0176112	POLICYHOLDER'S TIN xxx-xx-0087	3 ☒ Per diem ☒ Reimbursed amount	INSURED'S TIN 000-58-7640		Copy B 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.
POLICYHOLDER'S name Myles Darron White Street address (including apt. no.) 63493 Joshua Garden Apt 137 City or town, state or province, country, and ZIP or foreign postal code New Porshastad, MD 13889		INSURED'S name Schuster-Langworth Street address (including apt. no.) 0390 Quentin Trail City or town, state or province, country, and ZIP or foreign postal code Angeleshaven, AL 67057			
Account number (see instructions) 496-37763-5	4 Qualified contract ☒ (optional)	5 (optional) ☒ Chronically ill ☒ Terminally ill	Date certified 10/26/2026		

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

(keep for your records)

www.irs.gov/Form1099LTC

Department of the Treasury - Internal Revenue Service