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If you have any comments on this draft form, you can submit them to us on our web site. Include the word DRAFT in your response. You may make comments anonymously, or you may include your name and e-mail address or phone number. We will be unable to respond to all comments due to the high volume we receive. However, we will carefully consider each suggestion. So that we can properly consider your comments, please send them to us within 30 days from the date the draft was posted.

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|--|--|--|----------------------|--|--|
| PAYER'S name, street address, city, state, ZIP code, and telephone no. | | 1 Gross long-term care benefits paid \$ | OMB No. 1545-1519 | 2010 | Long-Term Care and Accelerated Death Benefits |
| | | 2 Accelerated death benefits paid \$ | Form 1099-LTC | | |
| PAYER'S federal identification number | POLICYHOLDER'S identification number | 3 Check one: <input type="checkbox"/> Per diem <input type="checkbox"/> Reimbursed amount | | INSURED'S social security no. | |
| POLICYHOLDER'S name | | INSURED'S name | | Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2010 General Instructions for Forms 1099, 1098, 3921, 3922, 5498, and W-2G. | |
| Street address (including apt. no.) | | Street address (including apt. no.) | | | |
| City, state, and ZIP code | | City, state, and ZIP 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

Department of the Treasury - Internal Revenue Service

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