

9393

 VOID CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no. INTEGRATED DATA MANAGEMENT SYSTEMS ACCOUNT ABILITY COMPLIANCE SOFTWARE 555 BROADHOLLOW ROAD SUITE 273 MELVILLE NY 11747-5001		1 Gross long-term care benefits paid \$ 83750.00	OMB No. 1545-1519 Form 1099-LTC (Rev. October 2019)	Long-Term Care and Accelerated Death Benefits
631-249-7744/SALES DEPT		2 Accelerated death benefits paid \$ 2.00	For calendar year 2021	
PAYER'S TIN 13-3249958	POLICYHOLDER'S TIN 102-11-0023	3 Check one: <input checked="" type="checkbox"/> Per diem <input type="checkbox"/> Reimbursed amount	INSURED'S TIN 058-48-3774	Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the current General Instructions for Certain Information Returns.
POLICYHOLDER'S name JOHN DOE				
Street address (including apt. no.) 33 EAST 17 STREET UNIT 2101		Street address (including apt. no.) 130 E 34 ST		
City or town, state or province, country, and ZIP or foreign postal code NEW YORK NY 10003-2005		City or town, state or province, country, and ZIP or foreign postal code NEW YORK NY 100164634		
Account number (see instructions) J32344-D34943	4 Qualified contract <input type="checkbox"/> (optional)	5 Check, if applicable <input checked="" type="checkbox"/> Chronically ill <input type="checkbox"/> Terminally ill	Date certified 03/16/2019	

Form 1099-LTC (Rev. 10-2019)

Department of the Treasury - Internal Revenue Service

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