

CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. INTEGRATED DATA MANAGEMENT SYSTEMS, INC. DBA IDMS ACCOUNT ABILITY 560 BROADHOLLOW ROAD STE 109 MELVILLE NY 11747-3702 Telephone: 631-249-7744		1 Gross long-term care benefits paid \$ 36000.00	OMB No. 1545-1519 2011 Form 1099-LTC	Long-Term Care and Accelerated Death Benefits
PAYER'S Federal identification number 12-3456789	POLICYHOLDER'S identification number XXX-XX-0029	2 Accelerated death benefits paid \$	3 <input checked="" type="checkbox"/> Per diem <input type="checkbox"/> Reimbursed amount INSURED'S social security no. XXX-XX-9493	
POLICYHOLDER'S name, street address, city, state, and ZIP code JOHN DOE APT 101A 560 ROUTE 110 MELVILLE NY 11747-2114		INSURED'S name, street address, city, state, and ZIP code MARY SMITH 124 JERICHO TPK SMITHTOWN NY 11778		Copy C For Insured Copy C is provided to you for information only. Only the policyholder is required to report this information on a tax return.
Account number (see instructions) 889855589	4 <input type="checkbox"/> Qualified contract (optional)	5 (optional) <input checked="" type="checkbox"/> Chronically ill <input type="checkbox"/> Terminally ill	Date certified 03/24/2011	

Form 1099-LTC

(Keep for your records)

Department of the Treasury - Internal Revenue Service

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 identification number. For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), or adoption taxpayer identification number (ATIN). However, the issuer has reported your complete identification number to the IRS, and, where applicable, to state and/or local governments.

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.