Form 1099-LTC (2025) — Long Term Care and Accelerated Death Benefits

CSV Data Formatting Guide

Revised: 2026-06-03

Col	Field (*required field)	Example Value	Formatting Guidelines
A	Payer TIN Type*	EIN	SSN or EIN Allowed values: SSN, EIN
B	Payer Taxpayer ID Number*	123231234	Enter the 9-digit TIN without dashes. TIN must be exactly 9 digits in length. TIN cannot be 123456789 TIN cannot consist of the same digit repeated.
C	Payer Business Name Line 1	John Finch Company	One of either Payer Business Name or Payer Person Name is required. Must contain only letters, numbers, #, -, (,), &, or apostrophe, with no leading/trailing/adjacent spaces. Must be 75 characters or fewer.
D	Payer Business Name Line 2		Must contain only letters, numbers, #, -, (,), &, or apostrophe, with no leading/trailing/adjacent spaces. Must be 75 characters or fewer.
E	Payer First Name	John	One of either Payer Business Name or Payer Person Name is required. Must be 20 characters or fewer. Must contain only letters, numbers, hyphens, or apostrophes.
F	Payer Middle Name	William	Must be 20 characters or fewer. Must contain only letters, numbers, hyphens, or apostrophes.
G	Payer Last Name	Finch	Must be 20 characters or fewer. Must contain only letters, numbers, hyphens, or apostrophes.
H	Payer Suffix	III	Must be 20 characters or fewer. Must contain only letters, numbers, hyphens, or apostrophes.
I	Payer Country*	US	Must be a valid 2-character IRS country code (e.g., US, CA)
J	Payer Address Line 1*	123 Business Rd	Must be 35 characters or fewer.
K	Payer Address Line 2	Suite 21	Must be 35 characters or fewer.
L	Payer City/Town	New York	City must contain only letters, spaces, hyphens, apostrophes, or periods. Must be 40 characters or fewer.
M	Payer State/Province/Territory	NY	Domestic: must be a valid US state/territory code (e.g., NY, TX). Foreign: Must be 17 characters or fewer.
N	Payer ZIP/Postal Code	10055	Domestic: zip, zip+4, or zip+7. Foreign: Alpha-numeric characters only
O	Payer Phone*	2145555555	Phone must be 10-20 digits.
P	Office Code	1234	This is an optional field. For users with multiple locations, this field may be used to identify the location of the office submitting the information returns. Office Code must be exactly 4 digits.

Col	Field (*required field)	Example Value	Formatting Guidelines
Q	Policyholder TIN Type*	SSN	SSN, EIN, ATIN, ITIN, QI-EIN, or UND Allowed values: SSN, EIN, ATIN, ITIN, QI-EIN, UND
R	Policyholder Taxpayer ID Number*	123231234	Enter the 9-digit TIN without dashes. TIN must be exactly 9 digits in length. TIN cannot be 123456789 TIN cannot consist of the same digit repeated. The composite Policyholder TIN + Account Number must be unique
S	Policyholder Account Number	AA1234	The account number is required if you have multiple accounts for a policyholder for whom you are filing more than one Form 1099-LTC. Must be 20 characters or fewer. The composite Policyholder TIN + Account Number must be unique
T	Policyholder Business Name Line 1	Hello Mother Goose Inc	One of either Policyholder Business Name or Policyholder Person Name is required. Must contain only letters, numbers, #, -, (,), &, or apostrophe, with no leading/trailing/adjacent spaces. Must be 75 characters or fewer.
U	Policyholder Business Name Line 2		Must contain only letters, numbers, #, -, (,), &, or apostrophe, with no leading/trailing/adjacent spaces. Must be 75 characters or fewer.
V	Policyholder First Name	John	One of either Policyholder Business Name or Policyholder Person Name is required. Must be 20 characters or fewer. Must contain only letters, numbers, hyphens, or apostrophes.
W	Policyholder Middle Name	William	Must be 20 characters or fewer. Must contain only letters, numbers, hyphens, or apostrophes.
X	Policyholder Last Name	Finch	Must be 20 characters or fewer. Must contain only letters, numbers, hyphens, or apostrophes.
Y	Policyholder Suffix	III	Must be 20 characters or fewer. Must contain only letters, numbers, hyphens, or apostrophes.
Z	Policyholder Country*	US	Must be a valid 2-character IRS country code (e.g., US, CA)
AA	Policyholder Address Line 1*	123 Business Rd	Must be 35 characters or fewer.
AB	Policyholder Address Line 2	Suite 21	Must be 35 characters or fewer.
AC	Policyholder City/Town	New York	City must contain only letters, spaces, hyphens, apostrophes, or periods. Must be 40 characters or fewer.
AD	Policyholder State/Province/Territory	NY	Domestic: must be a valid US state/territory code (e.g., NY, TX). Foreign: Must be 17 characters or fewer.
AE	Policyholder ZIP/Postal Code	10055	Domestic: zip, zip+4, or zip+7. Foreign: Alpha-numeric characters only
AF	Box 1 - Gross long-term care benefits paid		Up to 2 decimal places. Range: 0 to 999,999,999
AG	Box 2 - Accelerated death benefits paid		Up to 2 decimal places. Range: 0 to 999,999,999

Col	Field (*required field)	Example Value	Formatting Guidelines
AH	Box 3 - Per diem/Reimbursed amount	P	Must be 'P' for Per Diem or 'R' for Reimbursed Allowed values: P, R
AI	Insured Taxpayer ID Number	122353963	Enter the 9-digit TIN without dashes. TIN must be exactly 9 digits in length. TIN cannot be 123456789 TIN cannot consist of the same digit repeated.
AJ	Insured First Name	John	Must be 20 characters or fewer. Must contain only letters, numbers, hyphens, or apostrophes.
AK	Insured Middle Name	William	Must be 20 characters or fewer. Must contain only letters, numbers, hyphens, or apostrophes.
AL	Insured Last Name	Finch	Must be 20 characters or fewer. Must contain only letters, numbers, hyphens, or apostrophes.
AM	Insured Suffix	III	Must be 20 characters or fewer. Must contain only letters, numbers, hyphens, or apostrophes.
AN	Insured Country*	US	Must be a valid 2-character IRS country code (e.g., US, CA)
AO	Insured Address Line 1*	123 Business Rd	Must be 35 characters or fewer.
AP	Insured Address Line 2	Suite 21	Must be 35 characters or fewer.
AQ	Insured City/Town	New York	City must contain only letters, spaces, hyphens, apostrophes, or periods. Must be 40 characters or fewer.
AR	Insured State/Province/Territory	NY	Domestic: must be a valid US state/territory code (e.g., NY, TX). Foreign: Must be 17 characters or fewer.
AS	Insured ZIP/Postal Code	10055	Domestic: zip, zip+4, or zip+7. Foreign: Alpha-numeric characters only
AT	Box 4 - Qualified contract	Y	Valid values: 1, X, Y, or TRUE
AU	Box 5 - Chronically ill/Terminally ill	C	Must be 'C' for Chronically ill or 'T' for Terminally ill Allowed values: C, T
AV	Box 5 - Date Certified	MM/DD/YYYY	Format: MM/dd/yyyy Range: 01/01/1900 to 12/31/2100