

1099-LTC Upload Instructions

Recipient Information with form data

Document Overview:

Tax Year	Template Version	Last Updated on	New Updates
2025	1099LTC_Recipient_1.0	Nov, 2025	No new updates
2024	1099LTC_Recipient_1.0	Sep, 2024	No new updates
2023	1099LTC_Recipient_1.0	Aug, 2023	No new updates

General Instructions

File Specifications

- **File Format:** Ensure the file is saved as .CSV (Comma-Separated Values). Other formats like .xls or .xlsx are not supported. [See how to convert other file formats to CSV.](#)
- **File Size:** The file size should not exceed the specified limit (e.g., 15 MB). Split large files into smaller ones if necessary.
- **Row Limit:** Rows exceeding 20,000 entries should be split into multiple files to ensure smooth processing.
- **Encoding:** Use UTF-8 encoding to avoid errors with special characters or unsupported languages.

Data and Input Specifications

- **Mandatory Fields:** Fields marked as required or mandatory must be filled for every record.
- **Empty Fields:** If a value is not applicable, leave the field blank rather than using placeholders like "N/A" or "NULL."
- **Comma in Values:** If any of the values contain commas, enclose them in double quotes (EX. "Brown, Davis & Partners").
- **Headers & Column Order:**
 - You can edit the column headers as needed.
 - **Do not change the order of columns**, as the system maps data based on column position.

- **Duplicate Records:** Duplicates can cause errors or inconsistencies in the submission process. Therefore, ensure that each record is unique by removing any duplicate rows.
- **Predefined Values:** For fields with fixed-choice options, ensure you use values exactly as defined in the template instructions.
- **Special Characters:** All special characters are allowed except < > ; { } [] _ \ ! : ? =
- If the entered data contains any disallowed characters, they will be removed during processing. Additionally, if any text includes a dot followed by letters, a space will be added after the dot.

Field Name	Description	Maximum Length	Allowed Input Characters
Policyholder reference number	The policyholder reference number is a unique identifier assigned to each policyholder.	100	Alphabets and Numbers All special characters allowed
If the type of TIN is individual TIN (SSN, ITIN, and ATIN), First name and Last name fields are mandatory.			
Policyholder type of TIN (1=EIN 2=SSN 3=ITIN 4=ATIN 5=TIN not provided)*	The type of the Taxpayer Identification Number (TIN) applicable to the Policyholder.	16	Allowed entries are EIN, SSN, ITIN, and ATIN. Alternatively, you can use the following numbers to indicate TIN type. 1 = EIN 2 = SSN 3 = ITIN 4 = ATIN 5 = TIN not provided When the TIN type is 'TIN not provided', the Recipient name field is mandatory.

Policyholder TIN*	A nine-digit number issued to businesses, U.S. citizens, permanent residents, and temporary (working) residents. The acceptable formats are XX-XXXXXXX, XXX-XX-XXXX, XXXXXXXXX.	11	Numbers Allowed special character is - TIN is allowed with or without hyphen
Policyholder name (if the policyholder TIN is EIN or TIN not provided)*	Full legal name of the entity receiving the payment.	75	Alphabets and Numbers All special characters allowed except < > ; { } [] _ \ ! : ? =
Policyholder first name (if the policyholder TIN is SSN, ATIN or ITIN)*	First name of the individual receiving the payment.	20	Alphabets and Numbers All special characters allowed except < > ; { } [] _ \ ! : ? =
Policyholder middle initial (if the policyholder TIN is SSN, ATIN or ITIN)	Middle initial of the individual receiving the payment.	20	Alphabets and Numbers All special characters allowed except < > ; { } [] _ \ ! : ? =
Policyholder last name (if the policyholder TIN is SSN, ATIN or ITIN)*	The family or surname of the individual receiving the payment.	20	Alphabets and Numbers All special characters allowed except < > ; { } [] _ \ ! : ? =
Policyholder suffix (if the policyholder TIN is SSN, ATIN or ITIN) (1=Jr 2=Sr 3=I 4=II 5=III 6=IV 7=V 8=VI 9=VII)	Use this field to add generational or professional titles (e.g., Jr., Sr., III) to the Policyholder's name for accurate identification.	6	Alphabets and Numbers All special characters allowed except < > ; { } [] _ \ ! : ? = Allowed values: "Junior", "Jr", "Senior", "Sr", "I", "II", "III", "IV", "V", "VI", and "VII".

Policyholder DBA/trade name	A DBA/trade name is a registered name under which a business operates and conducts its affairs, distinct from its legal or registered name. It allows businesses to operate under a name different from the owner's legal name.	75	Alphabets and Numbers All special characters allowed except < > ; { } [] _ \ ! : ? = If you have multiple trade names, separate them with a comma.
Policyholder country*	Enter the Country or Country Code as per the IRS standards. Refer to IRS Country Codes	27	Alphabets Note: If left blank, it will be considered as "US".
Policyholder address line 1*	Enter the primary street address for policyholder residence or business.	46	Alphabets and Numbers All special characters allowed except < > ; { } [] _ \ ! : ? =
Policyholder address line 2	Optional field for additional address details such as apartment, suite, unit, or building number.	46	Alphabets and Numbers All special characters allowed except < > ; { } [] _ \ ! : ? =
Policyholder city/town*	The city/town refers to the municipality or urban area where the taxpayer resides or conducts business.	50	Alphabets and Numbers Allowed special characters only . ' -
Policyholder state/province/territory*	It typically requires the taxpayer to indicate the state/province/territory in which they reside or have earned income subject to state taxation.	50	Alphabets and Numbers All special characters allowed except < > ; { } [] _ \ ! : ? =

Policyholder ZIP code/postal code*	If the policyholder is from the US, the zip code must be filled out. Otherwise, the postal code should be provided.	16	US: Numbers - 5 digits, plus an optional 4 digits (ZIP+4 format). Foreign: Up to 16 characters allowed. Special character allowed hyphen (-) slash (/).
Policyholder email address	Enter Policyholder's email address if you want to opt for online access for the Policyholder. Online Access is a feature that allows Policyholders to view or download the form copies online.	100	Alphabets and Numbers Allowed special characters are . - _ + and @
Policyholder phone number	Enter the policyholder's phone number	15	Numbers Allowed special characters are + - () and spaces.
Account number	Account number is a unique identifier used to distinguish same type of return filed for the policyholder for the same tax year.	20	Alphabets and Numbers All special characters allowed
Box 1 Gross long-term care benefits paid	Enter the gross long-term care benefits paid this year	13	Numbers including decimals Note: Do not enter amounts with positive/negative signs
Box 2 Accelerated death benefits paid	Enter the gross accelerated death benefits paid during the year	13	Numbers including decimals Note: Do not enter amounts with positive/negative signs

Box 3a Per diem	Check a box to indicate whether the payments were made on a per diem	5	<p>Allowed values are Yes/No or 1/0 or True/False or X/Y=Yes (Checked) N=No (Unchecked)</p> <p>Note: If you leave this field blank, it will be automatically assigned as 'No' for the recipient.</p>
Box 3a Reimbursed amount	Check a box if payments made for actual expenses incurred	5	<p>Allowed values are Yes/No or 1/0 or True/False or X/Y=Yes (Checked) N=No (Unchecked)</p> <p>Note: If you leave this field blank, it will be automatically assigned as 'No' for the recipient.</p>
INSURED is the same as the policyholder	Check the box if INSURED is the same as the policyholder	5	<p>Allowed values are Yes/No or 1/0 or True/False or X/Y=Yes (Checked) N=No (Unchecked)</p> <p>Note: If you leave this field blank, it will be automatically assigned as 'No' for the recipient.</p>
Insured's type of TIN*	The type of the Taxpayer Identification Number (TIN) applicable to the insured.	4	<p>Allowed values are 1, 2, 3, SSN, ITIN, ATIN.</p> <p>Alternatively, you can use the following numbers to indicate TIN type.</p> <p>1=SSN 2=ITIN 3=ATIN</p>

Insured's TIN*	A nine-digit number issued to businesses, U.S. citizens, permanent residents, and temporary (working) residents. The acceptable formats are XX-XXXXXXX, XXX-XX-XXXX, XXXXXXXXX.	11	Numbers Allowed special character is -
Insured first name (if the insured TIN is SSN, ATIN or ITIN)*	The first name of the insured	20	Alphabets and Numbers All special characters allowed except < > ; { } [] _ \ ! : ? =
Insured middle initial (if the insured TIN is SSN, ATIN or ITIN)	The middle initial of the insured	20	Alphabets and Numbers All special characters allowed except < > ; { } [] _ \ ! : ? =
Insured last name (if the insured TIN is SSN, ATIN or ITIN)*	The family or surname of the insured	20	Alphabets and Numbers All special characters allowed except < > ; { } [] _ \ ! : ? =
Insured suffix (if the insured TIN is SSN, ATIN or ITIN)	Generational or professional titles (e.g., Jr., Sr., III) to the insured name for accurate identification.	6	Alphabets and Numbers All special characters allowed except < > ; { } [] _ \ ! : ? = Allowed values: "Junior", "Jr", "Senior", "Sr", "I", "II", "III", "IV", "V", "VI", and "VII".
Insured's country*	Enter the Country or Country Code as per the IRS standards.	27	Alphabets Note: If left blank, it will be considered as "US".

Insured's address line 1*	Enter the primary street address for the insured's residence or business.	46	Alphabets and Numbers All special characters allowed except < > ; { } [] _ \ ! : ? =
Insured's address line 2	Optional field for additional address details such as apartment, suite, unit, or building number.	46	Alphabets and Numbers All special characters allowed except < > ; { } [] _ \ ! : ? =
Insured's city/town*	The city/town refers to the municipality or urban area where the taxpayer resides or conducts business.	50	Alphabets and Numbers All special characters allowed except < > ; { } [] _ \ ! : ? =
Insured's state/province/territory*	It typically requires the taxpayer to indicate the state/province/territory in which they reside or have earned income subject to state taxation.	50	Alphabets and Numbers All special characters allowed except < > ; { } [] _ \ ! : ? =
Insured's zip code/postal code*	If the insured is from the US, the zip code must be filled out. Otherwise, the postal code should be provided.	16	US: Numbers - 5 digits, plus an optional 4 digits (ZIP+4 format). Foreign: Up to 16 characters allowed. Special character allowed hyphen (-) slash (/).
Box 4 Qualified contract	Check the box to indicate whether long-term care insurance benefits are paid from a qualified long-term care insurance contract.	5	Allowed values are Yes/No or 1/0 or True/False or X/Y=Yes (Checked) N=No (Unchecked) Note: If you leave this field blank, it will be automatically assigned as 'No' for the recipient.

Box 5a Chronically ill	Check the box to indicate whether the insured was chronically ill.	5	<p>Allowed values are Yes/No or 1/0 or True/False or X/Y=Yes (Checked) N=No (Unchecked)</p> <p>Note: If you leave this field blank, it will be automatically assigned as 'No' for the recipient.</p>
Box 5b Terminally ill	Check the box to indicate whether the insured was terminally ill.	5	<p>Allowed values are Yes/No or 1/0 or True/False or X/Y=Yes (Checked) N=No (Unchecked)</p> <p>Note: If you leave this field blank, it will be automatically assigned as 'No' for the recipient.</p>
Date certified	If checked box 5, enter the latest date certified.	10	Enter the date in MM/DD/YYYY format.

Error Handling

Once the data is uploaded, you can review the import summary. If there are any errors in the imported data, you can fix the errors by clicking **'Fix Error'** under the **'Action'** column. You'll also have the option to skip the errors and proceed with the success records.

If there are multiple errors, follow these steps to export and fix the errors.

1. To export the entries as a CSV file, click **'Export'** on the **'Import Summary'** page and download the file.
2. After fixing the errors, upload the file again and proceed with filing.

We recommend you follow the instructions carefully and double-check the information before uploading to avoid errors.