Payer's Name: Life Partners Position Holder Trust 2001 Bryan Street., SUITE 1800 DALLAS, TX 75201

2020 Form 1099-INT Interest Income

OMB No. 1545-XXXX

Copy B For Recipient

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

For questions about this form, contact Life Partners Position Holder Trust at 800-368-5569

 Payer's federal identification number: 81-6950788
 Recipient's identification number: 123456789
 Account number: 123456789101112

 Box 1: Interest Income \$2,000.00
 \$2,000.00

Recipient's Name: JOHN SMITH 123 MAIN STREET DALLAS, TX 75201

1040		partment of the Treasury-Internal Revenue Serv .S. Individual Income Tax		(99) turn	20	20	OMB No. 1	545-0074	IRS Use Or	nly—Do not	write or staple	e in this space.	
Filing Status Check only one box.	lf y	Single Married filing jointly ou checked the MFS box, enter the r son is a child but not your dependen	name o	-								dow(er) (QW) the qualifying	
Your first name and middle initial				Last name							Your social security number		
If joint return, s	oouse	's first name and middle initial	Last n	ame						Spous	Spouse's social security number		
Home address	(numb	er and street). If you have a P.O. box, see	instruc	nstructions.							lential Elect	tion Campaign	
City, town, or p	ost of	ice. If you have a foreign address, also co	omplete	nplete spaces below. State ZIF				ZIP c	IP code si		spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change		
Foreign country	/ name	3	Foreign province/state/county For				Forei			ax or refunc	•		
At any time du	ring 2	020, did you receive, sell, send, exc	hange,	or otherv	vise acqu	ire any	financial int	erest in	any virtual o	currency	? 🗌 Yes	No	
Standard Deduction	_	neone can claim:	•		•		a dependei 1	nt					
Age/Blindnes	Υοι	I: Were born before January 2, 1	956	🗌 Are b	lind	Spouse	: 🗌 Was	born bef	ore January	v 2, 1956	🗌 ls b	olind	
Dependents	s (see	e instructions):		(2)	Social sec				qualifies f	qualifies for (see instructions):			
If more	(1)	First name Last name		number to you			L	Child tax cred		Credit for o	other dependents		
than four dependents,												<u> </u>	
see instructions												<u> </u>	
and check	_											<u> </u>	
here 🕨 🔄	_												
Attach	1						· · ·			1			
Sch. B if	2a	· · –	2a			b Taxable interest		rest .			2b	2000	
required.	3a	- · · -	3a				Ordinary dividends			· –	Bb		
	4a	IRA distributions	4a	b Taxable amount .		ount		. 4	b				
	5a	Pensions and annuities	5a	a			b Taxable amount .				ib		
Standard	6a	Social security benefits	b Taxable amount .			ount		. 6	ib				
 Deduction for – Single or 	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							7				
Married filing	8	Other income from Schedule 1, line 9						. 4	8				
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is yo	our total i	income				▶ _ !	9		
 Married filing 	10	Adjustments to income:											
jointly or Qualifying a From Schedule 1, line 22							10a						
widow(er), \$24,800	b	Charitable contributions if you take the standard deduction. See instructions 10b											
• Head of	с	Add lines 10a and 10b. These are	your t o	otal adjus	stments	to incor	me			▶ 10	0c		
household, \$18,650	11	Subtract line 10c from line 9. This	•	-							1		
 If you checked 	12	Standard deduction or itemized									2		
any box under Standard	13	Qualified business income deduct		`		,	995-A .				3		
Deduction,	14									4			
see instructions.	15		ome. Subtract line 14 from line 11. If zero or less, enter -0							5			
For Disclosure.		cy Act, and Paperwork Reduction Act N							No. 11320B			m 1040 (2020)	

Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2020)								_		Page 2	
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 🗌	4972	3 🗌			. 16	6	
	17	Amount from Schedule 2, lir	ne3							. 17	7	
	18	Add lines 16 and 17								. 18	8	
	19	Child tax credit or credit for	other dependent	ts						. 19	9	
	20	Amount from Schedule 3, lir	ne7							. 20	0	
	21	Add lines 19 and 20								. 2	1	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0						. 22	2	
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 1	ο				. 23	3	
	24	Add lines 22 and 23. This is									4	
	25	Federal income tax withheld	from:									
	а	Form(s) W-2					25a					
	b	Form(s) 1099					25b					
	с	Other forms (see instruction	s)				25c					
	d	Add lines 25a through 25c								. 25	id	
	26	2020 estimated tax paymen										
 If you have a L qualifying child, 	27	Earned income credit (EIC)		•••			27					
attach Sch. EIC.	28	Additional child tax credit. A					28					
nontaxable	29	American opportunity credit	from Form 8863	8. line 8			29					
combat pay, see instructions.	30	Recovery rebate credit. See					30					
	31	Amount from Schedule 3, lir	ne 13				31					
	32	Add lines 27 through 31. Th	ese are your tota	al other paym	ents and	refunda	ble cre	dits .		▶ 32	2	
	33	Add lines 25d, 26, and 32. T									3	
Defined	34	If line 33 is more than line 24									4	
Refund	35a									35	ja	
Direct deposit?	►b	Routing number				·		ing 🗌		_		
See instructions.	►d	Account number						Ĭ		J		
	36	Amount of line 34 you want	applied to your	2021 estimate	d tax .	•	36	_				
Amount	37	Subtract line 33 from line 24	This is the amo	ount vou owe	now .					▶ 37	7	
You Owe		Note: Schedule H and Sch		-								
For details on		2020. See Schedule 3, line						unee yeu	owe			
how to pay, see instructions.	38	Estimated tax penalty (see in				. 🕨	38					
Third Party	Do	you want to allow another					See					
Designee	ins	instructions							ete belov	N. 🗌 No		
		signee's						nal identification				
		ne 🕨		no. 🕨					nber (P			
Sign		der penalties of perjury, I declare tief, they are true, correct, and corr										
Here		ur signature	· · · · · · · · · · · · · · · · · · ·	Date							, ,	
		ur signature	Dale					If the IRS sent you an Identity Protection PIN, enter it here				
Joint return?										(see inst.)		
See instructions.	Sp	ouse's signature. If a joint return,	Date	Date Spouse's occupation					If the IRS	the IRS sent your spouse an		
Keep a copy for your records.	,									Identity Protection PIN, enter it he (see inst.) ▶		
,							(see inst.)					
		one no. parer's name	Preparer's signat	Email address			Date		PTI	N	Check if:	
Paid	Fre	parer s name	Freparer s signat	uie			Date		" "	I N	Self-employed	
Preparer									<u> </u>			
Use Only		n's name								Phone no.		
	Firr	Firm's address ►							Firm's EIN ►			

Go to www.irs.gov/Form1040 for instructions and the latest information.

Form **1040** (2020)

SCHEDULE E	3
(Form 1040)	

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Interest and Ordinary Dividends

Go to www.irs.gov/ScheduleB for instructions and the latest information.
 Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

Your	social	security	number

					<u> </u>	
Part I	1	List name of payer. If any interest is from a seller-financed mortgage and the		Am	ount	
Interest		buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ►				
(See instructions and the instructions for Forms 1040 and 1040-SR, line 2b.)	Life Partners Position Holders Trust				2000
Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.			1			
	2	Add the amounts on line 1	2			2000
	3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815.	3			
	4	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR,				
		line 2b	4			2000
Part II	Note: 5	If line 4 is over \$1,500, you must complete Part III. List name of payer ►		Am	ount	
Ordinary Dividends (See instructions and the instructions for Forms 1040 and 1040-SR, line 3b. Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.	6	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR,	5			
	Note	line 3b .<	6			
Part III	You m	hust complete this part if you (a) had over \$1,500 of taxable interest or ordinary divide n account; or (c) received a distribution from, or were a grantor of, or a transferor to, a			Yes	No
Foreign Accounts and Trusts		At any time during 2020, did you have a financial interest in or signature authority account (such as a bank account, securities account, or brokerage account) locat country? See instructions	over a ed in	financial		
Caution: If required, failure to file FinCEN Form 114 may result in	b	If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank Accounts (FBAR), to report that financial interest or signature authority? See Find and its instructions for filing requirements and exceptions to those requirements. If you are required to file FinCEN Form 114, enter the name of the foreign court financial account is located	CEN F	orm 114		
substantial penalties. See instructions.	8	financial account is located ► During 2020, did you receive a distribution from, or were you the grantor of, or foreign trust? If "Yes," you may have to file Form 3520. See instructions	transfe	eror to, a		