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

## 2020 Form 1099-MISC Miscellaneous 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<br/>identification number:<br/>81-6950788Recipient's<br/>identification number:<br/>123-45-6789Account<br/>number:<br/>123456789101112

Box 3: Other income

\$12,650.00

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

<b>1040</b>		partment of the Treasury–Internal Revenue Serv .S. Individual Income Tax		(99) <b>turn</b>	20	20	OMB No. 15	545-0074	IRS Use On	y—Do not v	vrite or stapl	e in this space.	
Filing Status Check only one box.	lf y	Single Married filing jointly ou checked the MFS box, enter the n rson is a child but not your dependen	ame of	-								dow(er) (QW) the qualifying	
Your first name and middle initial				Last name							Your social security number		
If joint return, spouse's first name and middle initial				Last name							Spouse's social security number		
Home address	(numt	per and street). If you have a P.O. box, see	instruc	tions.					Apt. no.		ntial Elect	tion Campaign	
City, town, or p	fice. If you have a foreign address, also co	omplete	spaces be	low.	w. State ZIP o		code	to go to	spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change				
Foreign country name				Foreign province/state/county For							your tax or refund.		
At any time du	ring 2	2020, did you receive, sell, send, excl	hange,	or otherv	vise acqu	ire any	financial inte	erest in	any virtual c	urrency?	Yes	i 🗌 No	
Standard Deduction	Sor	<b>neone can claim:</b> You as a de Spouse itemizes on a separate retur	•		•		a depender	nt					
Age/Blindnes	Yo	J: 🗌 Were born before January 2, 1	956	🗌 Are b	lind	Spouse	: 🗌 Was I	oorn be	fore January	2, 1956	🗌 ls l	olind	
Dependent	s (see	e instructions):		(2) \$	Social secu	urity	(3) Relation	nship	<b>(4) 🖌</b> if e	qualifies fo	or (see insti	ructions):	
If more	(1)	First name Last name	number			to you	to you Child		credit	Credit for o	other dependents		
than four													
dependents, see instruction													
and check													
here 🕨 🗌													
	1	_ Wages, salaries, tips, etc. Attach I	orm(s)	orm(s) W-2						. 1			
Attach	2a	Tax-exempt interest	2a			<b>b</b> Taxable interest		est		2t	<b>&gt;</b>		
Sch. B if required.	3a	Qualified dividends	3a		<b>b</b> Ordinary dividends		dends		. 3t	<b>b</b>			
	4a	IRA distributions	4a			bТ	<b>b</b> Taxable amount .			. 4t	<b>b</b>		
	5a	Pensions and annuities	5a			<b>b</b> Taxable amount .					<b>)</b>		
Standard	6a	Social security benefits	6a b Taxable amount .					unt.		. 6t	<b>)</b>		
<ul> <li>Deduction for –</li> <li>Single or</li> </ul>	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								. 8		12,650	
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is yo	our <b>total i</b>	ncome				▶ 9			
<ul> <li>Married filing</li> </ul>	10	Adjustments to income:											
jointly or Qualifying	а	From Schedule 1, line 22											
widow(er), \$24,800	b	Charitable contributions if you take	the standard deduction. See instructions 10b										
Head of	С									▶ 10	с		
household, \$18,650	11	Subtract line 10c from line 9. This	Subtract line 10c from line 9. This is your <b>adjusted gross income</b>										
<ul> <li>If you checked</li> </ul>	12	Standard deduction or itemized	Standard deduction or itemized deductions (from Schedule A)										
any box under Standard 13 Qualified business income deduction. Attach Form 8995 or											3		
Deduction,	ition, 14 Add lines 12 and 13					. 14	1						
see instructions.	15	Taxable income. Subtract line 14	from li	ne 11. lf z	zero or le	ss, ente	er-0			. 15	5		
For Disclosure,	Priva	cy Act, and Paperwork Reduction Act N							No. 11320B	·	For	rm <b>1040</b> (2020)	

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

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Form 1040 (2020	)								_		Page 2		
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 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											
<ul> <li>If you have a L qualifying child,</li> </ul>	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 <b>tota</b>	al other paym	ents and	refunda	ble cre	dits .		▶ 32	2		
	33	-									3		
Defined	34	Add lines 25d, 26, and 32. These are your <b>total payments</b>											
Refund	35a	Amount of line 34 you want						•		35	ja		
Direct deposit?	►b	Routing number				·		ing		_			
See instructions.	►d	Account number						Ĭ		5			
	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 <b>amo</b>	ount vou owe	now .					▶ 37	7		
You Owe		Subtract line 33 from line 24. This is the <b>amount you owe now</b>											
For details on		2020. See Schedule 3, line 12e, and its instructions for details.											
how to pay, see instructions.	38	Estimated tax penalty (see in				. 🕨	38						
Third Party	Do	you want to allow another					See						
Designee	ins	nstructions											
		signee's						sonal identification					
		ne 🕨		no. 🕨					nber (P				
Sign		der penalties of perjury, I declare tief, they are true, correct, and corr											
Here		ur signature	·	Date							sent you an Identity		
		ur signature								n PIN, enter it here			
Joint return? See instructions.			Date Spouse's occupation						(see inst.)				
	Sp	ouse's signature. If a joint return,							If the IRS sent your spouse an				
Keep a copy for your records.	,								Identity Protection PIN, enter it here (see inst.) ►				
,									(366 1131.)				
		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		Firm'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)

## Additional Income and Adjustments to Income

OMB No. 1545-0074

Attachment Sequence No. **01** 

Department of the Treasury Internal Revenue Service Control to the View Control Contro

Internal Revenue Service Go to www.irs.gov/F Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Your social security number

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions)		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount  Life Partners - Insurance	8	12650
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	12650
Par			
10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions)		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your <b>adjustments to income.</b> Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	
For Pa	aperwork Reduction Act Notice, see your tax return instructions. Cat. No. 71479F	Schedule	1 (Form 1040) 2020