

## EXHIBIT U - Exemplar Tax Form

0303



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FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  [Appropriate Official] [Designated Stated] [Address]		1 Total amount required to be paid \$ *	OMB No. 1545-2284  Form <b>1098-F</b> (Rev. April 2025)  For calendar year <b>2025</b>	<b>Fines, Penalties, and Other Amounts</b>
		2 Amount to be paid for violation or potential violation \$ *		
		3 Restitution/remediation amount \$ *		
		4 Compliance amount \$ *		
FILER'S TIN <b>XX-XXXXXXX</b>	PAYER'S TIN <b>85-2290207</b>	5 Date of order/agreement <b>XX/XX/2025</b>		<b>Copy A</b>  <b>For Internal Revenue Service Center</b>  For filing information, Privacy Act, and Paperwork Reduction Act Notice, see the <b>General Instructions for Certain Information Returns.</b>  <a href="http://www.irs.gov/Form1099">www.irs.gov/Form1099</a>
PAYER'S name <b>Alvogen, Inc.</b>		6 Court or entity <small>U.S. District Court for the Northern District of Ohio and Jurisdictions of other cases settled under the Settlement Agreement entered into by Alvogen, Inc. and the Settling States (as defined in the Agreement), dated as of XX/XX/2025.</small>		
Street address (including apt. no.) <b>44 Whippany Road, Suite 3000</b>		7 Case number <small>No. 1:17-MD-2804, and other cases settled under the Settlement Agreement entered into by Alvogen, Inc. and the Settling States (as defined in the Agreement), dated as of XX/XX/2025.</small>		
City or town, state or province, country, and ZIP or foreign postal code <b>Morristown, NJ 07960</b>		8 Case name or names of parties to suit, order, or agreement <b>National Prescription Opiate Litigation</b>		
		9 Code <b>N/A</b>		

Form **1098-F** (Rev. 4-2025)

Cat. No. 71382B

[www.irs.gov/Form1098F](http://www.irs.gov/Form1098F)

Department of the Treasury - Internal Revenue Service

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