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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 State] [Address]		1 Total amount required to be paid \$ *	OMB No. 1545-2284 Form 1098-F (Rev. April 2025)	Fines, Penalties, and Other Amounts
		2 Amount to be paid for violation or potential violation \$ *		
		3 Restitution/remediation amount \$ *	For calendar year <u>2025</u>	
		4 Compliance amount \$ *		
FILER'S TIN XX-XXXXXXX	PAYER'S TIN 90-0186021	5 Date of order/agreement XX/XX/2025		Copy A For Internal Revenue Service Center For filing information, Privacy Act, and Paperwork Reduction Act Notice, see the General Instructions for Certain Information Returns. www.irs.gov/Form1099
PAYER'S name Amneal Pharmaceuticals, LLC		6 Court or entity U.S. District Ct for the Northern District of Ohio and Jurisdictions of other cases settled under the Settlement Agreement entered into by Amneal Pharmaceuticals, LLC and the Settling States (as defined in the Agreement), dated as of XX/XX/2025.		
Street address (including apt. no.) 400 Crossing Boulevard, 3rd Floor		7 Case number No. 1:17-MD-2804, and other cases settled under the Settlement Agreement entered into by Amneal Pharmaceuticals, LLC and the Settling States (as defined in the Agreement), dated as of XX/XX/2025.		
City or town, state or province, country, and ZIP or foreign postal code Bridgewater, NJ 08807		8 Case name or names of parties to suit, order, or agreement National Prescription Opiate Litigation		
		9 Code A, B, D		

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

Cat. No. 71382B

www.irs.gov/Form1098F

Department of the Treasury - Internal Revenue Service

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