

Exhibit U IRS Form 1098-F

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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 \$ 0.00		For calendar year 2025		
3 Restitution/remediation amount \$ *		5 Date of order/agreement XX/XX/2025		
FILER'S TIN XX-XXXXXXX	PAYER'S TIN XX-XXXXXXX	4 Compliance amount \$ 0.00		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 Hikma Pharmaceuticals USA Inc.		6 Court or entity <small>U.S. District Court for the Northern District of Ohio and jurisdictions of other cases settled under the Agreement entered into by Hikma Pharmaceuticals USA Inc. and the Settling States (as defined in the Agreement), dated as of [].</small>		
Street address (including apt. no.) 200 Connell Drive, 4th Floor		7 Case number <small>No. 1:17-md-2804 and other cases settled under the Agreement entered into by Hikma and the Settling States (as defined in the Agreement), dated as of [].</small>		
City or town, state or province, country, and ZIP or foreign postal code Berkeley Heights, NJ 07922		8 Case name or names of parties to suit, order, or agreement National Prescription Opiate Litigation		
(Empty space for additional information)		9 Code *		

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

Cat. No. 71382B

www.irs.gov/Form1098F

Department of the Treasury - Internal Revenue Service

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*To be completed following confirmation of settlement participation and determination of payments.