		RECTED			
FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		P 1 Total amount required to be paid	OMB No. 1545-2284		
		\$	Form 1098-F		
[Appropriate Official]		2 Amount to be paid for		Fines	s, Penalties, and
[Designated State] [Address]		violation or potential violation	(Rev. April 2025)	Other Amounts	
		 3 Restitution/remediation amount 	For calendar year		
FILER'S TIN	PAYER'S TIN	\$	5 Date of order/agree	ement Copy B	
XX-XXXXXXX	52-2069631	4 Compliance amount			For Payer
PAYER'S name		\$	XX/XX/2025		_
Indivior Inc.			6 Court or entity U.S. District Court for the Northern District of Ohio and Jurisdictions of other cases settled under the Settlement Agreement entered into by		
Street address (including apt. no.)		Indivior Inc. and the Settling States (as defined in the Agreement), dated as of			
10710 Midlothian Turnpike, Suite 125		7 Case number No. 1:17-md-2804 and other cases settled under the Settlement Agreement entered into		ntorod into	
City or town, state or province, country, and ZIP or foreign postal code			by Indivior Inc. and the Settling States (as defined in the Agreement), dated as of [].		This is important tax information and is
		8 Case name or names of partie	8 Case name or names of parties to suit, order, or agreement		being furnished to
North Chesterfield, VA, USA 23235		National Prescription Opiate Litigation		the IRS.	
		9 Code			
		A, D			
Form 1098-F (Rev. 4-2025) (keep for your records) www.irs.gov/Form1098F Department of the Treasury - Internal Revenue Service					