0303		ECTED			
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		
		 2 Amount to be paid for violation or potential violation 3 Restitution/remediation amount 		Fines, Penalties, and	
			(Rev. April 2025)	Other Amounts	
			For calendar year2025		
FILER'S TIN	PAYER'S TIN	İ \$	5 Date of order/agree	ement Copy A	
XX-XXXXXX	83-4364296	4 Compliance amount	99992025	For	
PAYER'S name Viatris, Inc.		\$		Internal Revenue	
		6 Court or entity U.S. District Court for the Northern District of Ohio and jurisdictions of other cases settled under the SA Agreement entered into by Viatris Inc. and the Settling States (as defined in the Agreement), dated as of		Service Center	
Street address (including apt. no.)				as of [_].	
1000 Mylan Boulevard		7 Case number No. 1:17-MD-2804 and other cases settled under the Settlement Agreement entered into by Viatris Inc Settling States (as defined in the Agreement) dated as of [].		For filing information, Privacy Act, and	
City or town, state or province, country, and ZIP or foreign postal code				Inc. and the Paperwork Reduction	
Canonsburg, PA 15317		8 Case name or names of parties to suit, order, or agreement National Prescription Opiate Litigation		for Certain	
		9 Code		Information Returns.	
		A, B		www.irs.gov/Form1099	
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