

EXHIBIT U - Exemplar Tax Form

0303

VOID  CORRECTED

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 <b>1098-F</b> (Rev. January 2022)	<b>Fines, Penalties, and Other Amounts</b>
		2 Amount to be paid for violation or potential violation \$ 0		
		3 Restitution/remediation amount \$ *	5 Date of order/agreement  XX/XX/2025	
FILER'S TIN XX-XXXXXXX	PAYER'S TIN [To be provided by payer]	4 Compliance amount \$ 0	<b>Copy A</b> <b>For Internal Revenue Service Center</b> <b>File with Form 1096.</b> For Privacy Act and Paperwork Reduction Act Notice, see the <b>current General Instructions for Certain Information Returns.</b>	
PAYER'S name PRA L.P. [or Payment Party]		6 Court or entity United States Bankruptcy Court Southern District of New York		
Street address (including apt. no.) [To be provided by payer]		7 Case number Case 19-23649-shl and other jointly administered cases		
City or town, state or province, country, and ZIP or foreign postal code [To be provided by payer]		8 Case name or names of parties to suit, order, or agreement In re Purdue Pharma L.P. et al		
		9 Code A, B, C		