

8888

VOID CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Unemployment compensation		OMB No. 1545-0120	
		\$		Form 1099-G	
		2 State or local income tax refunds, credits, or offsets		(Rev. January 2022)	
		\$		For calendar year 20__	
PAYER'S TIN	RECIPIENT'S TIN	3 Box 2 amount is for tax year		4 Federal income tax withheld	
RECIPIENT'S name		5 RTAA payments		6 Taxable grants	
		\$		\$	
Street address (including apt. no.)		7 Agriculture payments		8 Check if box 2 is trade or business income <input type="checkbox"/>	
		\$			
City or town, state or province, country, and ZIP or foreign postal code		9 Market gain			
		\$			
Account number (see instructions)		10a State		11 State income tax withheld	
		2nd TIN not. <input type="checkbox"/>		-----	
				\$	

Certain Government Payments

Copy A For Internal Revenue Service Center
File with Form 1096.
For Privacy Act and Paperwork Reduction Act Notice, see the **current General Instructions for Certain Information Returns.**

Form **1099-G** (Rev. 1-2022) 41-0852411 www.irs.gov/Form1099G Department of the Treasury - Internal Revenue Service

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