

☐ 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, street address, city or town, state or province, country, and ZIP or foreign postal code		5 RTAA payments		6 Taxable grants	
		\$		\$	
		7 Agriculture payments		8 Check if box 2 is trade or business income <input type="checkbox"/>	
		\$			
		9 Market gain			
		\$			
Account number (see instructions)		2nd TIN not.	10a State	10b State identification no.	11 State income tax withheld
		<input type="checkbox"/>			\$
					\$

Certain Government Payments

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For Privacy Act and Paperwork Reduction Act Notice, see the **current General Instructions for Certain Information Returns.**

Form **1099-G** (Rev. 1-2022)

www.irs.gov/Form1099G

Department of the Treasury - Internal Revenue Service

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