

☐ 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. March 2024)	
		\$		For calendar year _____	
PAYER'S TIN	RECIPIENT'S TIN	3 Box 2 amount is for tax year		4 Federal income tax withheld	
				\$	
RECIPIENT'S name Street address (including apt. no.) 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)		10a State		10b State identification no.	
				11 State income tax withheld	
				\$	
				\$	

**Certain
Government
Payments**

**Copy 1
For State Tax
Department**