

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Some State Workforce Agency 123 Any St Someplace XX 00000-0000		1 Unemployment compensation		OMB No. 1545-0120	
		\$ 99,999.00		Form 1099-G	
		2 State or local income tax refunds, credits, or offsets		(Rev. January 2022)	
		\$ 123.00		For calendar year 20 22	
PAYER'S TIN 00-0000		RECIPIENT'S TIN 900-00-1234		3 Box 2 amount is for tax year 2022	
RECIPIENT'S name Some Body Street address (including apt. no.) 456 Main St City or town, state or province, country, and ZIP or foreign postal code Anyplace XX 00000-0000		5 RTAA payments		4 Federal income tax withheld	
		\$		\$ 456.00	
		7 Agriculture payments		6 Taxable grants	
		\$		\$	
9 Market gain		8 If checked, box 2 is trade or business income <input type="checkbox"/>			
		\$			
Account number (see instructions) 00-00000-000		10a State XX		11 State income tax withheld	
				\$	

**Certain
Government
Payments**

**Copy B
For Recipient**

This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.