

8888

VOID

CORRECTED

Type or machine print PAYER'S name, street address, city, state, and ZIP code		1 Unemployment compensation	OMB No. 1545-0120  <b>1990</b> Statement for Recipients of
		\$	
		2 State or local income tax refunds	
		\$	
PAYER'S Federal identification number	RECIPIENT'S identification number	3 Refund is for tax year (YYYY)	4 Federal income tax withheld
Type or machine print RECIPIENT'S name		5 Discharge of indebtedness	6 Taxable grants
Street address		7 Agriculture payments	8 The amount in Box 2 applies to income from a trade or business <input type="checkbox"/>
City, state, and ZIP code			
Account number (optional)			

**Certain Government Payment:**

**Copy A For Internal Revenue Service Center**

For Paperwork Reduction Act Notice and instructions for completing this form, see Instructions for Forms 1099, 1098, 5498, and W-2G.

Form 1099-G

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Department of the Treasury - Internal Revenue Service

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