

CORRECTED (if checked)

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		
		\$	2017 Form 1099-G		
PAYER'S federal identification number		RECIPIENT'S identification number			2 State or local income tax refunds, credits, or offsets
		RECIPIENT'S name		3 Box 2 amount is for tax year	\$
Street address (including apt. no.)		5 RTAA payments		\$	8 If checked, box 2 is trade or business income <input type="checkbox"/>
		7 Agriculture payments		\$	11 State income tax withheld
City or town, state or province, country, and ZIP or foreign postal code		9 Market gain		\$	
		10a State	10b State identification no.		\$
Account number (see instructions)				\$	

Certain Government Payments

Copy B For Recipient

This is important tax information and is being furnished to the Internal Revenue Service. 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.

Form **1099-G**

(keep for your records)

www.irs.gov/form1099g

Department of the Treasury - Internal Revenue Service