

VOID     CORRECTED

**Certain  
Government  
Payments**

**Copy 1  
For State Tax  
Department**

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  <b>2014</b>  Form <b>1099-G</b>		
		\$			
PAYER'S federal identification number    RECIPIENT'S identification number		2 State or local income tax refunds, credits, or offsets	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		3 Box 2 amount is for tax year	6 Taxable grants \$		
		5 RTAA payments			
		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	
				\$	
				\$	