

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	
		\$	<div style="font-size: 2em; font-weight: bold; text-align: center;">2014</div> Form 1099-G	
PAYER'S federal identification number		RECIPIENT'S identification number		
		RECIPIENT'S name		4 Federal income tax withheld
Street address (including apt. no.)		5 RTAA payments		6 Taxable grants
		7 Agriculture payments		\$
City or town, state or province, country, and ZIP or foreign postal code		9 Market gain		8 Check if box 2 is trade or business income <input type="checkbox"/>
		\$		
Account number (see instructions)		10a State	10b State identification no.	11 State income tax withheld
				\$

Certain Government Payments

Copy 1 For State Tax Department