

Attention!

This form is provided for informational purposes and should not be reproduced on personal computer printers by individual taxpayers for filing. The printed version of this form is a "machine readable" form. As such, it must be printed using special paper, special inks, and within precise specifications.

Additional information about the printing of these specialized tax forms can be found in: Publication 1167, *Substitute Printed, Computer-Prepared, and Computer-Generated Tax Forms and Schedules*; and, Publication 1179, *Specifications for Paper Document Reporting and Paper Substitutes for Forms 1096, 1098, 1099 Series, 5498, and W-2G*.

The publications listed above may be obtained by calling 1-800-TAX-FORM (1-800-829-3676). Be sure to order using the IRS publication number.

8888



VOID



CORRECTED

| | | | | | | |
|---|--|-----------------------------------|---|---|--------------------------------|-------------------------------|
| PAYER'S name, street address, city, state, and ZIP code | | 1 Unemployment compensation | OMB No. 1545-0120 1994 | Certain Government Payments Copy A For Internal Revenue Service Center File with Form 1096. For Paperwork Reduction Act Notice and instructions for completing this form, see Instructions for Forms 1099, 1098, 5498, and W-2G. | | |
| | | \$ | | | | |
| PAYER'S Federal identification number | | RECIPIENT'S identification number | | | 3 Box 2 amount is for tax year | 4 Federal income tax withheld |
| | | | | | \$ | \$ |
| RECIPIENT'S name | | 5 | 6 Taxable grants | | | \$ |
| Street address (including apt. no.) | | 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) | | | | | | |

Form **1099-G**

Cat. No. 14438M

Department of the Treasury - Internal Revenue Service

Do NOT Cut or Separate Forms on This Page

CORRECTED (if checked)

| | | | |
|---|-----------------------------------|--|---|
| PAYER'S name, street address, city, state, and ZIP code | | 1 Unemployment compensation | OMB No. 1545-0120 |
| | | \$ | 1994 |
| | | 2 State or local income tax refunds, credits, or offsets | |
| | | \$ | |
| PAYER'S Federal identification number | RECIPIENT'S identification number | 3 Box 2 amount is for tax year | 4 Federal income tax withheld |
| | | | \$ |
| RECIPIENT'S name | | 5 | 6 Taxable grants |
| | | | \$ |
| Street address (including apt. no.) | | 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
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.)

Department of the Treasury - Internal Revenue Service

Instructions for Recipient

Box 1.—Shows the total unemployment compensation paid to you this year. This amount is taxable income to you. For details, see the instructions for your Federal income tax return. If you expect to receive these benefits next year, see Form 1040-ES for estimated tax payments.

Box 2.—Shows refunds, credits, or offsets of state or local income tax you received. If there is an entry in this box, it may be taxable to you if you deducted the tax paid as an itemized deduction on your Federal income tax return. Even if you did not receive the amount shown, for example, because it was credited to your estimated tax, it is still taxable if it was deducted. Any interest received on this must be included as interest income on your return. See the instructions for Form 1040 or 1040A.

Box 3.—Identifies the tax year for which the refund, credit, or offset shown in box 2 was made. If there is no entry in this box, the refund is for 1993 taxes.

Box 4.—Shows backup withholding. For example, persons not furnishing their taxpayer identification number to the payer become subject to backup withholding at a 31% rate on certain payments. See **Form W-9**, Request for Taxpayer Identification Number and Certification, for information on backup withholding. **Include this on your income tax return as tax withheld.**

Box 6.—Shows the amount of taxable grants you received from the Federal, state, or local government.

Box 7.—Shows the amount of Department of Agriculture payments that are taxable to you. If the payer shown is anyone other than the Department of Agriculture, it means the payer has received a payment, as a nominee, that is taxable to you. This may represent the entire agricultural subsidy payment received on your behalf by the nominee, or it may be your pro rata share of the original payment. See **Pub. 225**, Farmer's Tax Guide, and the instructions for **Schedule F (Form 1040)**, Profit or Loss From Farming, for information about where to report this income.

Box 8.—If this box is checked, the refund, credit, or offset in box 2 is attributable to an income tax that applies exclusively to income from a trade or business and is not a tax of general application. The amount, if taxable, should not be reported on page 1 of Form 1040, but should be reported on Schedule C, C-EZ, or F (Form 1040), as appropriate.

VOID CORRECTED

| | | |
|---|--|--------------------------------------|
| PAYER'S name, street address, city, state, and ZIP code | 1 Unemployment compensation | OMB No. 1545-0120 1994 |
| | \$ | |
| | 2 State or local income tax refunds, credits, or offsets | |
| | \$ | |

Certain Government Payments

| | | | |
|---------------------------------------|-------------------------------------|--------------------------------|---|
| PAYER'S Federal identification number | RECIPIENT'S identification number | 3 Box 2 amount is for tax year | 4 Federal income tax withheld \$ |
| RECIPIENT'S name | Street address (including apt. no.) | 5 | 6 Taxable grants \$ |
| | | 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) | | | |

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

Payers, Please Note—

Specific information needed to complete this form and other forms in the 1099 series is given in the **Instructions for Forms 1099, 1098, 5498, and W-2G**. A chart in those instructions gives a quick guide to which form must be filed to report a particular payment. You can order those instructions and additional forms by calling 1-800-TAX-FORM (1-800-829-3676).

Furnish Copy B of this form to the recipient by January 31, 1995.

File Copy A of this form with the IRS by February 28, 1995.



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