Attention:

Copy A of this form is provided for informational purposes only. Copy A appears in red, similar to the official IRS form. The official printed version of Copy A of this IRS form is scannable, but the online version of it, printed from this website, is not. Do **not** print and file copy A downloaded from this website; a penalty may be imposed for filing with the IRS information return forms that can't be scanned. See part O in the current General Instructions for Certain Information Returns, available at www.irs.gov/form1099, for more information about penalties.

Please note that Copy B and other copies of this form, which appear in black, may be downloaded and printed and used to satisfy the requirement to provide the information to the recipient.

To order official IRS information returns, which include a scannable Copy A for filing with the IRS and all other applicable copies of the form, visit www.IRS.gov/orderforms. Click on Employer and Information Returns, and we'll mail you the forms you request and their instructions, as well as any publications you may order.

Information returns may also be filed electronically using the IRS Filing Information Returns Electronically (FIRE) system (visit www.IRS.gov/FIRE) or the IRS Affordable Care Act Information Returns (AIR) program (visit www.IRS.gov/AIR).

See IRS Publications 1141, 1167, and 1179 for more information about printing these tax forms.

BEBE UVOID UCORRE	CIED						
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	1 Unemploy	ment compensation	OMB	No. 1545-0120		Contain	
			9	017		Certair Governmen	
		ocal income tax credits, or offsets				Payments	
	\$		Forn	n 1099-G			
PAYER'S federal identification number RECIPIENT'S identification number	3 Box 2 amount is for tax year		4 Federal income tax with		vithheld Copy		
			\$			For	
RECIPIENT'S name	5 RTAA pay	rments	6 Taxable grants \$ 8 Check if box 2 is trade or business			Internal Revenue Service Center File with Form 1096	
	\$						
	7 Agricultur	e payments					
Street address (including apt. no.)	\$			ome	For Privacy Ac		
	9 Market gain					Reduction Act	
City or town, state or province, country, and ZIP or foreign postal code	\$					Notice, see the 2017	
	10a State	10b State identification	ation no. 11 State income		x withheld	General Instructions for	
Account number (see instructions)				\$		Certain Information	
				\$		Returns.	

Form 1099-G Cat. No. 14438M www.irs.gov/form1099g Department of the Treasury - Internal Revenue Service
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PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Unemploy	oloyment compensation OMB No. 1545-0				Certain	
			ocal income tax credits, or offsets	2	2017		Government Payments	
		\$		For	m 1099-G			
PAYER'S federal identification number	RECIPIENT'S identification number	3 Box 2 amount is for tax year		4 Fe	deral income tax	withheld	Copy 1	
				\$				
RECIPIENT'S name		5 RTAA payments		6 Taxable grants			For State Tax	
				\$			Department	
Street address (including apt. no.)		7 Agriculture payments		8 Check if box 2 is trade or business income				
		9 Market ga	ain					
City or town, state or province, country, and ZIP or foreign postal code		\$						
		10a State 10b State identification		on no.	11 State income ta	x withheld		
Account number (see instructions)		7			\$			
			İ		\$			

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CORRECTED (If checked)								
PAYER'S name, street address, city o		1 Unemploy	ment compensation	OMB	No. 1545-0120			
or foreign postal code, and telephone no.		\$ 2 State or local income tax refunds, credits, or offsets		2017		Certain Government Payments		
		\$		Forr	ո 1099-G		_	
PAYER'S federal identification number	RECIPIENT'S identification number	3 Box 2 amount is for tax year		4 Federal income tax withh		withheld	Сору В	
				\$			For Recipient	
RECIPIENT'S name		5 RTAA payments		6 Taxable grants			This is important tax	
		\$		\$			information and is being furnished to the	
		7 Agriculture payments		8 If checked, box 2 is trade or business			Internal Revenue	
Street address (including apt. no.)		\$		income income			Service. If you are required to file a return,	
		9 Market ga	ain				a negligence penalty or	
City or town, state or province, country, and ZIP or foreign postal code		\$					other sanction may be imposed on you if this	
		10a State	10b State identification	on no.	11 State income ta	x withheld	income is taxable and	
Account number (see instructions)]			\$		the IRS determines that it has not been	
					\$		reported.	

(keep for your records)

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Instructions for Recipient
Recipient's taxpayer identification number. For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number

taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN). However, the issuer has reported your complete identification number to the IRS.

Account number. May show an account or other unique number the payer has assigned to distinguish your account.

Box 1. Shows the total unemployment compensation paid to you this year.

Combine the box 1 amounts from all Forms 1099-G and report the total as income on the unemployment compensation line of your tax return. Except as explained below, this is your taxable amount. If you are married filing jointly, each spouse must figure his or her taxable amount separately. If you expect to receive these benefits in the future, you can ask the payer to withhold federal income tax from each payment. Or, you can make estimated tax payments. For details, see Form 1040-ES. If you made contributions to a governmental unemployment compensation program or to a governmental paid family leave program and received a payment from that program, the payer must issue a separate Form 1099-G to report this amount to you. If you itemize deductions, you may deduct your contributions on Schedule A (Form 1040) as taxes paid. If you do not itemize, you only need to include in income the amount that is in

you may deduct your contributions on Schedule A (Form 1040) as taxes paid. If you do not itemize, you only need to include in income the amount that is in excess of your contributions.

Box 2. Shows refunds, credits, or offsets of state or local income tax you received. It may be taxable to you if you deducted the state or local income tax paid on Schedule A (Form 1040). Even if you did not receive the amount shown, for example, because: (a) it was credited to your state or local estimated tax, (b) it was offset against federal or state debts, (c) it was offset against other offsets, or (d) you made a charitable contribution from your refund, it is still taxable if it was defucted. If you receive from was deducted. If you received interest on this amount, you may receive Form 1099-INT for the interest. However, the payer may include interest of less than \$600 in the blank box next to box 9 on Form 1099-G. Regardless of whether the interest is reported to you, report it as interest income on your tax return. See

vour tax return instructions.

Box 3. Identifies the tax year for which the box 2 refunds, credits, or offsets shown were made. If there is no entry in this box, the refund is for 2016 taxes.

Box 4. Shows backup withholding or withholding you requested on unemployment compensation, Commodity Credit Corporation (CCC) loans, or certain crop disaster payments. Generally, a payer must backup withhold on certain payments if you did not give your taxpayer identification number to the payer. See Form W-9 for information on backup withholding. Include this around any your income tax return as tax withheld.

amount on your income tax return as tax withheld. **Box 5.** Shows reemployment trade adjustment assistance (RTAA) payments you received. Include on Form 1040 on the "Other income" line. See the Form 1040

instructions.

Box 6. Shows taxable grants you received from a federal, state, or local

government.

Box 7. Shows your taxable Department of Agriculture payments. If the payer Box 7. Snows your taxable Department of Agriculture payments. 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 and the Instructions for Schedule F (Form 1040) for information about where to report this income. Partnerships, see Form 8825 for how to report.

Box 8. If this box is checked, the amount in box 2 is attributable to an income by that applies explicitly the income from a trade or hurshess end is not a tax

tax that applies exclusively to income from a trade or business and is not a tax of general application. If taxable, report the amount in box 2 on Schedule C or F

(Form 1040), as appropriate. **Box 9.** Shows market gain on CCC loans whether repaid using cash or CCC certificates. See the Instructions for Schedule F (Form 1040).

Boxes 10a-11. State income tax withheld reporting boxes.

Future developments. For the latest information about developments related to

Form 1099-G and its instructions, such as legislation enacted after they were published, go to www.irs.gov/form1099g.

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PAYER'S name, street address, city or or foreign postal code, and telephone		ry, ZIP	1 Unemployr	ment compensation	OMB	No. 1545-0120		Certain
				ocal income tax redits, or offsets	2	2017		Government Payments
			\$		For	m 1099-G		
PAYER'S federal identification number	RECIPIENT'S identification nur	mber	3 Box 2 amount is for tax year		4 Federal income tax withhe			Copy 2
					\$			
RECIPIENT'S name			5 RTAA payments		6 Taxable grants			To be filed with
			\$		\$			recipient's state income tax
Street address (including apt. no.)		7 Agriculture payments		8 Check if box 2 is trade or business income			return, when required.	
			9 Market ga	in				•
City or town, state or province, country, and ZIP or foreign postal code		\$						
			10a State	10b State identification	on no.	11 State income ta	x withheld	
Account number (see instructions)			1			 \$		
						\$		

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PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Unemploy	ment compensation	OMB	No. 1545-0120		Certain	
			ocal income tax credits, or offsets	2	2017		Government Payments	
		\$		For	m 1099-G			
PAYER'S federal identification number	RECIPIENT'S identification number	3 Box 2 amount is for tax year		4 Federal income tax wi		withheld	Copy C	
				\$			Сору С	
RECIPIENT'S name		5 RTAA pay	ments	6 Taxable grants			For Payer	
		\$		\$				
Street address (including apt. no.)		7 Agriculture payments		8 Check if box 2 is trade or business income			For Privacy Act and Paperwork Reduction Act	
		9 Market gain					Notice, see the 2017	
City or town, state or province, country, and ZIP or foreign postal code		\$					General	
Account number (see instructions)		10a State 10b State identification		ation no. 11 State income tax withh			Instructions for Certain Information Returns	
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www.irs.gov/form1099g

Instructions for Payer

To complete Form 1099-G, use:

- the 2017 General Instructions for Certain Information Returns, and
- the 2017 Instructions for Form 1099-G.

To order these instructions and additional forms, go to www.irs.gov/form1099g.

Caution: Because paper forms are scanned during processing, you cannot file Forms 1096, 1097, 1098, 1099, 3921, 3922, or 5498 that you print from the IRS website.

Due dates. Furnish Copy B of this form to the recipient by January 31, 2018.

File Copy A of this form with the IRS by February 28, 2018. If you file electronically, the due date is April 2, 2018. To file electronically, you must have software that generates a file according to the specifications in Pub. 1220. The IRS does not provide a fill-in form option.

Need help? If you have questions about reporting on Form 1099-G, call the information reporting customer service site toll free at 1-866-455-7438 or 304-263-8700 (not toll free). Persons with a hearing or speech disability with access to TTY/TDD equipment can call 304-579-4827 (not toll free).