

**Instructions for Recipient**

**Recipient's taxpayer id 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 (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 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 deducted. If you received interest on this amount, you should 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 your 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 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 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 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](http://www.irs.gov/form1099g).

CORRECTED (if checked)

|                                                                                                                                                                                                                               |                                                         |                                                                                      |                                                                                 |                                                                                                                                                                                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PAYER'S name, street address, city, state, ZIP code, and telephone no.<br><b>INTEGRATED DATA MANAGEMENT SYSTEMS INC<br/>ACCOUNT ABILITY COMPLIANCE SOFTWARE<br/>555 BROADHOLLOW ROAD SUITE 273<br/>MELVILLE NY 11747-5001</b> |                                                         | <b>1</b> Unemployment compensation<br><b>\$ 16725.00</b>                             | OMB No. 1545-0120<br><b>2017</b>                                                | <b>Certain Government Payments</b>                                                                                                                                                                                                                                                                              |
| <b>631-249-7744/SALES DEPT</b>                                                                                                                                                                                                |                                                         | <b>2</b> State or local income tax refunds, credits, or offsets<br><b>\$ 2105.25</b> | Form <b>1099-G</b>                                                              |                                                                                                                                                                                                                                                                                                                 |
| PAYER'S Federal identification number<br><b>13-3249958</b>                                                                                                                                                                    | RECIPIENT'S identification number<br><b>XXX-XX-0029</b> | <b>3</b> Box 2 amount is for tax year<br><b>2015</b>                                 | <b>4</b> Federal income tax withheld<br><b>\$ 1927.50</b>                       | <b>Copy B For Recipient</b><br><br>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. |
| RECIPIENT'S name, street address, city, state, and ZIP code<br><b>JOHN DOE<br/>33 EAST 17 STREET UNIT 2101<br/>NEW YORK NY 10003-2005</b>                                                                                     |                                                         | <b>5</b> RTAA payments<br><b>\$</b>                                                  | <b>6</b> Taxable grants<br><b>\$ 3275.00</b>                                    |                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                               |                                                         | <b>7</b> Agriculture payments<br><b>\$</b>                                           | <b>8</b> If checked, box 2 is trade or business income <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                               |                                                         | <b>9</b> Market gain<br><b>\$</b>                                                    |                                                                                 |                                                                                                                                                                                                                                                                                                                 |
| Account number (see instructions)<br><b>75D004-21192</b>                                                                                                                                                                      |                                                         | <b>10a</b> State<br><b>NY</b>                                                        | <b>10b</b> State identification no.<br><b>NY STATE ID NUM</b>                   | <b>11</b> State inc. tax withheld<br><b>\$ 195.00</b>                                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                               |                                                         | <b>NJ</b>                                                                            | <b>NJ STATE ID NUM</b>                                                          | <b>\$ 810.00</b>                                                                                                                                                                                                                                                                                                |

Form 1099-G

(Keep for your records)

Department of the Treasury - Internal Revenue Service

**INTEGRATED DATA MANAGEMENT SYSTEMS INC  
ACCOUNT ABILITY COMPLIANCE SOFTWARE  
555 BROADHOLLOW ROAD SUITE 273  
MELVILLE NY 11747-5001**

**FIRST-CLASS MAIL  
U.S. POSTAGE  
PAID  
MELVILLE, NEW YORK  
PERMIT NO. 123456**



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33 EAST 17 STREET UNIT 2101  
NEW YORK NY 10003-2005**