

☐ CORRECTED (if checked)

PAYER'S name John Doe				1 Unemployment compensation \$ 1000		OMB No. 1545-0120 Form 1099-G	
Street address 123 s 2nd st			Room/suite no.	2 State or local income tax refunds, credits, or offsets \$		(Rev. December 2026) For calendar year 2026	
City/town Miami	State/province Florida	Country US	ZIP/foreign code 33139	3 Box 2 amount is for tax year		4 Federal income tax withheld \$	
Telephone number: (123)-456-7899				5 RTAA payments \$		6 Taxable grants \$	
PAYER'S TIN 12-3456789		RECIPIENT'S TIN xxx-xx-123		7 Agriculture payments \$		8 If checked, box 2 is trade or business income ☐	
RECIPIENT'S name James Smith				9 Market gain \$		10 Family leave benefits \$	
Street address 456 w 3rd St			Apt. no.	11a State		11b State identification no.	12 State income tax withheld \$
City/town Beverly Hills	State/province California	Country US	ZIP/foreign code 90210	-----		-----	
Account number (see instructions) 123456789				-----		-----	

**Certain
Government
Payments**

**Copy B
For Recipient**

This is important tax information and is being furnished to the IRS. 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.