CORRECTED (if checked)

| DAVEDIO INICODIALITICAL | | OOMAL | | checked) | 1 | |
|--|-----------------------------------|--|-------------------------|---|------------------------------|----------------------------|
| PAYER'S INFORMATION | | 1 Unem | oloyment compensation | OMB No. 1545-0120 | | |
| Payer's Name | | \$ | | | Certain | |
| Street address (including apt. no.) | | 2 State or local income tax refunds, credits, or offsets | | | Government Payments | |
| Street address line 2 | | | , , | 2013 | . aymonto | |
| City | State | ZIP Code | | | | |
| Telephone no. | | | \$ | | Form 1099-G | |
| PAYER'S federal identification number | RECIPIENT'S identification number | | 3 Box 2 | amount is for tax year | 4 Federal income tax with | nheld Copy B |
| | | | | , | \$ | For Recipient |
| RECIPIENT'S name | | 5 ATAA payments | | 6 Taxable energy gr | ants | |
| | | | | | | This is important tax |
| | | | | | | information and is |
| | | | \$ | | \$ | being furnished to the |
| Street address (including apt. no.) Apartment no. | | | 7 Agricultural payments | | 8 Check if box 2 is | Service. If you are |
| | | | | | trade or busines | required to file a return. |
| | | | | | income > | a negligence penalty or |
| City | State | ZIP Code | 9 Market gain | | | other sanction may be |
| • | | | egem | | | imposed on you if this |
| | | | \$ | | | income is taxable and |
| Account number (see instructions) | | | | 10b State identification no. | 11 State income tax withheld | the IRS determines that |
| (222) | | | . Ca ciaic | | 2. State moone tax with | it has not been |
| | | | | | | reported. |
| | | | | | | |

Form **1099-G**

(keep for your records)

Department of the Treasury - Internal Revenue Service