	L 1. Unemployment Compensation (UC) \$15,925	Employment Development Department Unemployment Insurance Integrity and Accounting Division - MIC 16A P.O. Box 2408 Rancho Cordova, CA 95741-2408	COPY B FOR RECIPIENT REPORT OF TAXABLE U
Type of UC Payments UI \$ 15,925	2. State or Local Income Tax Refunds, Credits, or Offsets	Recipient's Name HEENA S PATEL	FORM 1099G CERTAIN GOVERNMENT PAYMENTS REPORT OF TAXABLE UNEMPLOYMENT COMPENSATION PAYMENTS FROM THE STATE OF CALIFORNIA
2020 Benefits Repaid (a) \$0.00 Prior Year(s) Benefits Repaid (b) \$0.00	3. Box 2 Amount is for Tax Year		IENT PAYMENTS INTS FROM THE STATE OF CALIFORNIA
	4. Federal Income Tax Withheld \$453	Social Security Number XXX-XX-6458	OMB NO. 1545-0120 2020 Form 1099G Rev. 37

This is be impo							
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.		\$0.00	1. Unemployment Compensation-Paid Family Leave (UC-PFL)	Payer's Federal ID No. 94-2650401	Employment Development Departme Unemployment Insurance Integrity and Accounting Division - MIC 16A P.O. Box 2408 Rancho Cordova, CA 95741-2408	Employment Development Department Unemployment Insurance Integrity and Accounting	COPY B FOR RECIPIENT
		00			408	ment Department prity and Accounting	FORM 1 REPORT OF TAXABLE U
		PFL Payments \$0.00	Refunds, Credits, or Offsets	2. State or Local Income Tax	HEENA S PATEL	Recipient's Name	FORM 1099G CERTAIN GOVERNMENT PAYMENTS REPORT OF TAXABLE UNEMPLOYMENT COMPENSATION-PAID FAMILY LEAVE PAYMENTS FROM THE STATE OF CALIFORNIA
	Prior Year(s) Benefits Repaid (b) \$0.00	2020 Benefits Repaid (a) \$0.00	3. Box 2 Amount is for Tax Year				IENT PAYMENTS FAMILY LEAVE PAYMENTS FROM THE
alty or other sanction may			\$0.00	4. Federal Income	XXX-XX-6458	Social Security Number	OMB NO. 1545-0120 2020 Form 1099G Rev. 37