

PAYER'S name, street address, city, state, and ZIP code, and telephone no. NEW JERSEY DEPARTMENT OF LABOR UNEMPLOYMENT INSURANCE PO BOX 916 TRENTON, NJ 08625-0916	1 Unemployment compensation \$513.00	OMB No. 1545-0120 2021 Form 1099-G	Certain Government Payments
	2 State or local income tax refunds, credits, or offsets \$		
PAYER'S Federal Identification number 22-2481818	3 Box 2 amount is for tax year \$	4 Federal Income tax withheld \$0.00	Copy B For Recipient 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 SATYA I CHINNAMANENI	5 ATAA payments \$	6 Taxable grants \$	
	7 Agriculture payments \$	8 Box 2 is trade or business income <input type="checkbox"/>	
	UNEMPLOYMENT INSURANCE		

Form 1099-G

(Keep for your records.)

Department of the Treasury - Internal Revenue Service