



INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT  
**State Form 55833 (10-15)**  
 10 N. SENATE AVE.  
 INDIANAPOLIS, IN 46204-2277

CONFIDENTIAL RECORD PURSUANT TO IC 4-1-6, IC 22-4-19-6



BGEN01011



01/28/2022

MOHIT SHANTILAL BAFFNA  
 832 BRIAR RIDGE CIR  
 WARSAW IN 46582-4410

Take your 1099 to [www.in.gov/dor/4585.htm](http://www.in.gov/dor/4585.htm). You may be able to file your taxes for free!

Register to Vote at [www.IndianaVoters.com](http://www.IndianaVoters.com)

Please retain this form with your tax records. The Internal Revenue Service and the Indiana Department of Revenue have been informed by our agency of the amounts shown on this form.

**Instructions for Recipient**

**Box 1** - Shows the unemployment compensation paid to you this year. This amount is taxable income. For reporting details, see the instructions for filing your federal income tax return at [www.irs.gov](http://www.irs.gov) and the state income tax return at [www.in.gov/dor/3489.htm](http://www.in.gov/dor/3489.htm).

**Box 2** - State or local income tax refunds, credits, or offsets. For reporting details, see the instructions for filing your federal income tax return.

**Box 3** - This is the tax year for which the Box 2 state or local income tax refunds, credits, or offsets was made. For reporting details, see the instructions for filing your federal income tax return.

**Box 4** - This is the amount of federal income tax withheld.

**Box 11** - This is the amount of Indiana state income tax withheld.

**Box 12a** - This 2-digit code identifies the Indiana locality (county) for which the local income tax was withheld.

**Box 13** - This is the amount of local income tax withheld.

ISSUER'S name, street address, city or town, state, and ZIP code  <b>Indiana Department of Workforce Development</b> Benefit Administration Section 10 N Senate Avenue Indianapolis, IN 46204-2277		<b>1</b> Unemployment compensation <b>\$12,415.00</b>	OMB no. 1545-0120 <b>2021</b> Form <b>1099-G</b> State Form 55833 (10-15)	Certain Government Payments
		<b>2</b> State or local income tax refunds, credits, or offsets <b>\$0.00</b>		
ISSUER'S federal identification number <b>35-6000158</b>	RECIPIENT'S identification number <b>XXX-XX- 6529</b>	<b>3</b> Box 2 amount is for tax year	<b>4</b> Federal income tax withheld <b>\$1,248.00</b>	
RECIPIENT'S name, address, and ZIP code  <b>MOHIT SHANTILAL BAFFNA</b> <b>832 BRIAR RIDGE CIR</b> <b>WARSAW IN 46582-4410</b>		<b>10a</b> State <b>IN</b>	<b>11</b> State income tax withheld <b>\$370.50</b>	
		<b>12a</b> Locality <b>43</b>	<b>13</b> Local income tax withheld <b>\$123.50</b>	
		<input type="checkbox"/> CORRECTED (if checked)	State ID Number <b>0005636450-001</b>	



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