



Commonwealth of Massachusetts  
 Department of Revenue  
 Geoffrey E. Snyder, Commissioner

mass.gov/dor

Letter ID: L1298354720  
 Notice Date: January 3, 2023  
 Account ID: PIT-20284996-002



## NOTICE OF IMPORTANT TAX INFORMATION - 1099-G

### Instructions for Recipient

**Box 1:** Shows the refund recipient's identification or Social Security number. If a joint return was filed, the first number listed on the return appears in this box.

**Box 2:** Shows refunds, credits or offsets of state income tax you received. It may be taxable to you if you deducted the state tax paid as an itemized deduction on your federal income tax return. Even if you did not receive the amount shown, for example, because it was credited to your state estimated tax, it is still taxable if it was deducted. If you received interest on this, report it as interest income on your tax return. See the instructions for Form 1040 or 1040A for more information. The amount in Box 2 is **not reportable** on your 2022 Massachusetts income tax return.

**Box 3:** Identifies the tax year for which the refund, credit or offset shown in Box 2 was made.

**THIS IS NOT A BILL OR NOTICE OF REFUND. THE AMOUNT IN BOX 2 MAY BE TAXABLE INCOME ON YOUR FEDERAL TAX RETURN. (SEE INSTRUCTIONS ABOVE)**

For more information visit the IRS website at [www.irs.gov](http://www.irs.gov) or call 1-800-829-1040.

PAYER:  
 Massachusetts Department of Revenue  
 PO Box 7010  
 Boston, MA 02204  
 Telephone: (617) 887-6367  
 Federal ID 046-002-284-W

OMB No. 1545-0120

**2022**

Form 1099-G

**Certain  
 Government  
 Payments**

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, address and ZIP code:

**PRANJALI M YADAV**  
**716 PEACHTREE HILLS CIR NE**  
**ATLANTA GA 30305-4246**

CORRECTED (if checked)

**THIS IS AN INFORMATION-ONLY STATEMENT. THIS IS NOT A BILL OR NOTICE OF REFUND.**

<b>1</b> RECIPIENT'S identification number: <b>XXX-XX-0675</b>	<b>2</b> State or local income tax refunds, credits, or offsets: <b>\$302.00</b>	<b>3</b> Box 2 amount is for tax year: <b>2021</b>
Form 1099-G	Keep for your records.	Department of the Treasury - Internal Revenue Service

1095-C

Employer-Provided Health Insurance Offer and Coverage

VOID CORRECTED

OMB No. 1545-0047 600320 2022

Part I Employee

1 Social security number (SSN): \*\*\*-\*\*-0675

Applicable Large Employer Member (Employer)

8 Employer identification number (EIN) 90-0139554

1 Name of employee (first name, middle initial, last name)

PRANJALI YADAV

7 Name of employer

GP CELLULOSE, LLC

3 Street address (including apartment no.)

716 PEACHTREE HILLS CIRCLE NE

9 Street address (including room or suite no.)

133 PEACHTREE STREET, N.E.

10 Contact telephone number

877-344-5772

4 City or town

ATLANTA

5 State or province

GA

6 Country and ZIP or foreign postal code

30305

11 City or town

ATLANTA

12 State or province

GA

13 Country and ZIP or foreign postal code

30303

Part II Employee Offer of Coverage

Employee's Age on January 1

Plan Start Month (enter 2 digit number) 01

Table with 14 columns (All 12 Months, Jan, Feb, Mar, Apr, May, June, July, Aug, Sept, Oct, Nov, Dec) and 4 rows (14 Offer of Coverage, 15 Employee Required Contribution, 16 Section 4980H, 17 ZIP Code). Values include 1A, 2C, and \$.

Part III Covered Individuals - If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee [X]

Table with 5 main columns: (a) Name of covered individual(s), (b) SSN or other TIN, (c) DOB, (d) Covered all 12 months, (e) Months of coverage (Jan-Dec). Row 16 contains PRANJALI YADAV with SSN \*\*\*-\*\*-0675 and coverage for all months.