COPY B FOR RECIPIENT	FORM 1 REPORT OF TAXABLE UN	FORM 1099G CERTAIN GOVERNMENT PAYMENTS YABLE UNEMPLOYMENT COMPENSATION PAYMENTS FROM THE STATE C	FORM 1099G CERTAIN GOVERNMENT PAYMENTS REPORT OF TAXABLE UNEMPLOYMENT COMPENSATION PAYMENTS FROM THE STATE OF CALIFORNIA	OMB NO. 1545-0120 2022 Rev. January 2022
Employment Development Department	nent Department	Recipient's Name		Social Security Number
Unemployment insurance integrity and Accounting Division - MIC 16A P.O. Box 2408 Rancho Cordova, CA 95741-2408	only and Accounting	SAHANA BASAPPA	15. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18	XXX-XX-5935
Payer's Federal ID No. 94-2650401	94-2650401	2. State or Local Income Tax	3. Box 2 Amount is for Tax Year	4. Federal Income
Unemployment Compensation (UC) \$0 00	pensation (UC)	Refunds, Credits, or Offsets	South of the state	Tax Withheld \$0.00
		Type of UC Payments \$0.00	2022 Benefits Repaid (a) \$0.00	
			Prior Year(s) Benefits Repaid	
COPY B FOR RECIPIENT	FORM REPORT OF TAXABLE	urnished to the Internal Revenue Se ou if this income is taxable and the	This is important tax information and is being furnished to the Internal Revenue Service (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.	return, a negligence ported.
Employment Development Department		ation and is being furnished to the internal Revenue Service (IRS). If you are required to fit ay be imposed on you if this income is taxable and the IRS determines that it has not been say that the say that it has not be	IN Set of the second se	return, a negligence ported. OMB NO. 1545-0120 2022 Rev. January 2022
Unemployment insurance integrity and recomming Division - MIC 16A P.O. Box 2408 Rancho Cordova, CA 95741-2408	oment Department	unnished to the Internal Revenue Se ou if this income is taxable and the 1199G CERTAIN GOVERNI UNEMPLOYMENT COMPENSATION PAIL STATE OF CALIFORNIA Recipient's Name	IVICE (IRS). If you are required to file a raice (IRS), if you are required to file a IRS determines that it has not been real raice and the results of the raice payments from the FAMILY LEAVE PAYMENTS FROM THE	return, a negligence ported. OMB NO. 1545-0120 2022 Rev. January 2022 Social Security Number
Payer's Federal ID No. 94-2650401	oment Department agrity and Accounting	1099G CERTAIN GOVERNI UNEMPLOYMENT COMPENSATION-PAU STATE OF CALIFORNIA Recipient's Name SAHANA BASAPPA	RS determines that it has not been re RS determines that it has not been recorded to the RS determines that it has not been recorded to the RS determines that it has not been recorded to the RS determines that it has not been recorded to the RS determines that it has not been recorded to the RS determines that it has not been recorded to the RS determines that it has not been recorded to the RS determines that it has not been recorded to the RS determines that it has not been recorded to the RS determines that it has not been recorded to the RS determines that it has not been recorded to the RS determines that it has not been recorded to the RS determines that it has not been recorded to the RS determines that it has not been recorded to the RS determines that it has not been recorded to the RS determines that it has not been recorded to the RS determines that it has not been recorded to the RS determines that it has not been recorded to the RS determines that it has	return, a negligence ported. OMB NO. 1545-0120 2022 Rev. January 2022 Social Security Number XXX-XX-5935
ayer or cuciai ib ito	oment Department egrity and Accounting 2408 94-2650401	unnished to the Internal Revenue Seou If this income is taxable and the 1099G CERTAIN GOVERNI UNEMPLOYMENT COMPENSATION-PAIL STATE OF CALIFORNIA Recipient's Name SAHANA BASAPPA 2. State or Local Income Tax	INS. If you are required to file selfs determines that it has not been real RS determines that it has not been real RENT PAYMENTS FAMILY LEAVE PAYMENTS FROM THE 3. Box 2 Amount is for Tax Year	return, a negligence ported. OMB NO. 1545-0120 2022 Rev. January 2022 Social Security Number XXX-XX-5935 4. Federal Income
1. Unemployment Com Leave (UC-PFL)	nent Department egrily and Accounting 2408 94-2650401 pensation-Paid Family	1099G CERTAIN GOVERNI UNEMPLOYMENT COMPENSATION-PAIL Recipient's Name SAHANA BASAPPA 2. State or Local Income Tax Refunds, Credits, or Offsets	INCO (IRS). If you are required to file a RS determines that it has not been re RS determines that it has not been re MENT PAYMENTS FAMILY LEAVE PAYMENTS FROM THE 3. Box 2 Amount is for Tax Year	return, a negligence ported. OMB NO. 1545-0120 2022 Rev. January 2022 Social Security Number XXX-XX-5935 4. Federal Income Tax Withheld \$0.00
1. Unemployment Compensation-Paid Family Leave (UC-PFL) \$7,553	Internet Department egrily and Accounting 2408 2408 94-2650401 pensation-Paid Family	1099G CERTAIN GOVERNI UNEMPLOYMENT COMPENSATION PAUL STATE OF CALIFORNIA Recipient's Name SAHANA BASAPPA 2. State or Local Income Tax Refunds, Credits, or Offsets PFL Payments PFL \$ 7,553	WENT PAYMENTS FAMILY LEAVE PAYMENTS FROM THE 3. Box 2 Amount is for Tax Year 2022 Benefits Repaid (a) \$0.00	return, a negligence borted. OMB NO. 1545-0120 2022 Rev. January 2022 Social Security Number XXX-XX-5935 4. Federal Income Tax Withheld \$0.00