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| AYER'S name, street address, city or town, state or proving  | ice, country, ZIP or foreign postal code, and telephone no.  |  | ensation OM   | /IB No. 1545-0120  |             | 3521   |  |
| CITY OF DELAWARE   |  | \$   | For   | m 1099-G   |             | Certain<br>Government  |  |
| MUNICIPAL BUILDIN<br>1 SOUTH SANDUSKY  | / STREET   | 2 State or local incom<br>refunds, credits, or o   | ie tax 🗀  | Rev. January 2022)<br>For calendar year  |             | Payments   |  |
| DELAWARE OH 4301   | 5 (740) 203-1225   | \$ 36.   |   | 20 23  |             |  |  |
| PAYER'S TIN<br>31-6400225  | RECIPIENT'S TIN 286-15-8094  | 3 Box 2 amount is for 20   |   | Federal income tax wit   | thheld      | Copy 2   |  |
| ALLADI, CHENDRA  DOMAKUNTLA, MADHAVI   |  | 5 RTAA payments  |   | 6 Taxable grants   |             | To be filed wit<br>recipient's stat<br>income ta   |  |
|  |  | 7 Agriculture paymen   | ts 8 C  | Check if box 2 is rade or business ncome   | . 🗆         | return, when required.   |  |
|  | 91 BLACKMORE DR<br>ELAWARE OH 43015-7558   |  |   |  |             |  |  |
| Account number (see instructions) 72272-R15362   |  | 10a State   10b State identification no.   11 State income tax withheld   \$   |   |  |             |  |  |
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| 72:  Form 1099-G  PAYER'S name, street address, city or town, state or prov  CITY OF DELAWARE  MUNICIPAL BUILDIN   | vince, country, ZIP or foreign postal code, and telephone notes  | ECTED (if chec   | cked) pensation Of  | \$ Department of the T   | reasury - I |  |  |
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