

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. NEW JERSEY DEPARTMENT OF LABOR DISABILITY INSURANCE PO BOX 387 TRENTON, NJ 08625-0387		1 Unemployment compensation \$ 4099.00	OMB No. 1545-0120	2023 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.
		2 State or local income tax refunds, credits, or offsets \$			
PAYER'S federal identification number 22-2481818	RECIPIENT'S identification number 596-55-5667	3 Box 2 amount is for tax year	4 Federal income tax withheld \$ 0.00		
RECIPIENT'S name BRAMMARESH RAJA Street address (including apt. no.) 521 WATERFORD DR City or town, state or province, country, and ZIP or foreign postal code EDISON NJ 08817-1900 Account number (see instructions)		5 RTAA payments \$	6 Taxable grants \$		
		7 Agriculture payments \$	8 If checked, box 2 is trade or business income <input type="checkbox"/>		
FAMILY LEAVE INSURANCE					

Form **1099-G** (keep for your records) www.irs.gov/form1099g Department of the Treasury - Internal Revenue Service

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