

**Statement for Recipients of Certain Government Payments
Copy B for Recipient**

1099-G

CORRECTED (If Checked)

PAYER'S name, street address, city or town, state or province, country, ZIP of foreign postal code, and telephone no. Commonwealth of Massachusetts MA Department of Family and Medical Leave P.O. Box 838 Lawrence, MA 01842 (855) 610-9905		1 Paid Family Medical Leave Benefit 5,421.55	OMB No. 1545-0120 2023 Form 1099-G
		2 State or local income tax refunds, credits, or offsets	
Payer's federal identification number 04-6002284	RECIPIENT'S identification number ***-**-4649	3 Box 2 amount is for tax year	4 Federal income tax withheld 542.15
RECIPIENT'S name Jay Satish Sahasrabudhe Street address(including apt. no.) 12241 Main Campus Dr City or town or province, country, and ZIP or foreign postal code Lexington, MA 02421-8639		5 RTAA payments	6 Taxable grants
		7 Agriculture payments	8 If checked, box 2 is trade or business income
		9 Market gain	
Account Number (see instructions) 5376451	10a State MA	10b State Identification no. 04-6002284	11 State Income Tax withheld 271.10



**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.

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

BOX INFORMATION:

- Box 1. - The total Paid Family and Medical benefit paid to you this year by DFML. This amount may be taxable income to you. DFML does not provide tax advice. Please consult your tax adviser or lawyer.
- Box 4. - Amount of Federal income tax withheld from your PFML compensation during the calendar year.
- Box 11. - Amount of State income tax withheld from your PFML compensation during the calendar year.
- Box 2,3,5,6,7,8, and 9 will be empty because they do not apply to PFML compensation.

Form 1099-G

SUPPLEMENTAL TAX INFORMATION:

Overpayment repayments credited to your account during calendar year 2023:

(If you received an overpayment, subtract the amount repaid from the amount in box 1 before reporting this amount to the IRS or DOR.)
The above amount represents all payments and offset monies credited to your overpayment account during calendar year 2023.

Other credits: **(ANY "OTHER CREDITS" SHOULD BE SUBTRACTED FROM THE AMOUNT IN BOX 1 BEFORE REPORTING THIS AMOUNT TO THE IRS OR DOR.)**

"Other Credits" includes monies that were reported as paid to you during a previous calendar year but were canceled during 2023. For example - a Paid Family and Medical Leave benefit check issued during calendar year 2022 and later voided and not reissued during 2023.

Please refer to the specific instructions provided by the Internal Revenue Service and the Massachusetts Department of Revenue when filing your tax returns.

Inquiries about the information on this document may be directed to the Massachusetts Department of Family and Medical Leave at (855) 610-9905.

If you did not file a claim for paid family or medical leave, please notify us by calling (857) 366-7201. You can learn more about benefits fraud by visiting <https://www.mass.gov/info-details/reporting-paid-family-and-medical-leave-benefits-fraud>

Jay Satish Sahasrabudhe
12241 Main Campus Dr
Lexington, MA 02421-8639

IRS Instructions for Recipient

Recipient's identification number. For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), or adoption taxpayer identification number (ATIN). However, the issuer has reported your complete identification number to the IRS and, where applicable, to state and/or local governments.

Account number. May show an account or other unique number the payer has assigned to distinguish your account.

Box 1. Shows the total PFML compensation paid to you this year. Combine the box 1 amounts from all Forms 1099-G and report the total as income on the PFML compensation line of your tax return. Except as explained below, this is your taxable amount. If you are married filing jointly, each spouse must figure his or her taxable amount separately. If you expect to receive these benefits in the future, you can ask the payer to withhold federal income tax from each payment. Or, you can make estimated tax payments. For details, see Form 1040-ES. If you made contributions to a governmental unemployment compensation program or to a governmental paid family leave program and received a payment from that program, the payer must issue a separate Form 1099-G to report this amount to you. If you itemize deductions, you may deduct your contributions on Schedule A (Form 1040) as taxes paid. If you do not itemize, you only need to include in income the amount that is in excess of your contributions.

Box 2. Shows refunds, credits, or offsets of state or local income tax you received. It may be taxable to you if you deducted the state or local income tax paid on Schedule A (Form 1040). Even if you did not receive the amount shown, for example, because it was credited to your state or local estimated tax, it is still taxable if it was deducted. If you received interest on this amount, you should receive Form 1099-INT for the interest. However, the payer may include interest of less than \$600 in the blank box next to Box 9 on Form 1099-G. Regardless of whether the interest is reported to you, report it as interest income on your tax return. See your tax return instructions.

Box 3. Identifies the tax year for which the box 2 refunds, credits, or offsets shown were made. If there is no entry in this box, the refund is for previous year taxes.

Box 4. Shows backup withholding or withholding you requested on PFML compensation, Commodity Credit Corporation (CCC) loans, or certain crop disaster payments. Generally, a payer must backup withhold on certain payments if you did not give your taxpayer identification number to the payer. See Form W-9 for information on backup withholding. Include this amount on your income tax return as tax withheld.

Box 5. Shows alternative trade adjustment assistance (ATAA) payments you received. Include on Form 1040 on the "Other income" line. See the Form 1040 instructions.

Box 6. Shows taxable grants you received from a federal, state, or local government.

Box 7. Shows your taxable Department of Agriculture payments. If the payer shown is anyone other than the Department of Agriculture, it means the payer has received a payment, as a nominee, that is taxable to you. This may represent the entire agricultural subsidy payment received on your behalf by the nominee, or it may be your pro rata share of the original payment. See Pub. 225 and the Instructions for Schedule F (Form 1040) for information about where to report this income. Partnerships, see Form 8825 for how to report.

Box 8. If this box is checked, the amount in box 2 is attributable to an income tax that applies exclusively to income from a trade or business and is not a tax of general application. If taxable, report the amount in box 2 on Schedule C or F (Form 1040), as appropriate.

Box 9. Shows market gain on CCC loans whether repaid using cash or CCC certificates. See the Instructions for Schedule F (Form 1040).

Boxes 10a-11. State income tax withheld reporting boxes.

E-File is the quick, easy, smart way to get your taxes done.

This document contains important information. Please have it translated immediately.

В данном документе содержится важная информация. Вам необходимо срочно сделать перевод документа.

Este documento contiene información importante. Por favor, consiga una traducción inmediatamente.

تحتوي هذه الوثيقة على معلومات هامة. يرجى ترجمتها فورًا.

Docikman sa gen enfòmasyon enpòtan. Tanpri fè yon moun tradwi l touswit.

Questo documento contiene informazioni importanti. La preghiamo di tradurlo immediatamente.

Este documento contém informações importantes. Por favor, traduzi-lo imediatamente.

此文件含有重要信息。請立即找人翻譯。

본 문서에는 중요한 정보가 포함되어 있습니다. 본 문서를 즉시 번역하도록 하십시오.

Tài liệu này có chứa thông tin quan trọng. Vui lòng dịch tài liệu này ngay.

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Ce document contient des informations importantes. Veuillez le faire traduire au plus tôt.