

Copy B - For Recipient

Report of State Income Tax Refund
From the California Franchise Tax Board

STATE OF CALIFORNIA FRANCHISE TAX BOARD PO BOX 942840 SACRAMENTO CA 94240-0040	RECIPIENT'S Identification number 156-19-3798	2. State or local income tax refunds, credits, or offsets \$ 1,566.00	OMB No. 1545-0120 2018 FORM 1099-G
	3. Tax year 2017		
Payer's FEIN 68-0204061			

RECIPIENT'S name **KIRAN KUMAR PASUPUNOOTI & SAISRI VEERABATHINI**

IMPORTANT TAX DOCUMENT

THIS FORM IS FOR YOUR RECORDS - DO NOT ATTACH WITH YOUR TAX RETURN