

CORRECTED(if checked)

PAYER'S name,street address, city or town, province or state, country, ZIP, or foreign postal code, and telephone no. NEW MEXICO DEPARTMENT OF WORKFORCE SOLUTIONS CC 4089 PC210 P.O.BOX 1928 ALBUQUERQUE, NEW MEXICO 87103		1 Unemployment Compensation \$ 296.00	OMB No. 1545-0120 2018 Form 1099-G	Certain Government Payments
		2 State or local income tax refunds, credits, or offsets \$		
PAYER'S federal identification number 85-6000577	RECIPIENT'S identification number XXX-XX-1642	3 Box 2 amount is for tax year	4 Federal income tax withheld \$ 0.00	COPY B For Recipient This is important tax information and is being furnished to the 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.
RECIPIENT'S name,Street address City or town, state or province, country, and ZIP or foreign postal code KARTIK HARIHARANMANI 316 E FOSTER RD APT 1003 LAS CRUCES, NM 88005-3292		5 RTAA payments \$	6 Taxable grants \$	
		7 Agriculture payments \$	8 If checked, box 2 is trade or business income <input type="checkbox"/>	
		9 Market gain \$		
Account number (see instructions)		10a State no. NM	10b State identification no.	
			11 State income tax withheld \$ 0.00	
			\$	

Form **1099-G**

(keep for your records)

www.irs.gov/Form1099G

Department of the Treasury - Internal Revenue Service