

VOID CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no.		1 Unemployment compensation	OMB No. 1545-0120 2007 Form 1099-G	Certain Government Payments Copy C For Payer For Privacy Act and Paperwork Reduction Act Notice, see the 2007 General Instructions for Forms 1099, 1098, 5498, and W-2G.
		\$		
2 State or local income tax refunds, credits, or offsets	\$			
PAYER'S federal identification number		RECIPIENT'S identification number	3 Box 2 amount is for tax year	
RECIPIENT'S name		5 ATAA payments	6 Taxable grants	
Street address (including apt. no.)		\$	\$	
City, state, and ZIP code		7 Agriculture payments	8 Check if box 2 is trade or business income <input type="checkbox"/>	
Account number (see instructions)				

Form **1099-G**

Department of the Treasury - Internal Revenue Service