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If you have any comments on this draft form, you can submit them to us on our web site. Include the word DRAFT in your response. You may make comments anonymously, or you may include your name and e-mail address or phone number. We will be unable to respond to all comments due to the high volume we receive. However, we will carefully consider each suggestion. So that we can properly consider your comments, please send them to us within 30 days from the date the draft was posted.

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VOID  CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no.		1 Unemployment compensation \$	OMB No. 1545-0120
		2 State or local income tax refunds, credits, or offsets \$	2009 Form 1099-G
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.)		7 Agriculture payments \$	8 Check if box 2 is trade or business income <input type="checkbox"/>
City, state, and ZIP code		9 Market gain \$	
Account number (see instructions)			

**Certain Government Payments**

**Copy A**  
**For Internal Revenue Service Center**  
**File with Form 1096.**  
For Privacy Act and Paperwork Reduction Act Notice, see the **2009 General Instructions for Forms 1099, 1098, 5498, and W-2G.**

Form 1099-G

Cat. No. 14438M

Department of the Treasury - Internal Revenue Service

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