## Accessing Your 1099-G



NEv	Please select from the Unemployment Services options listed below.	
	File a Weekly Claim for Benefits - Submit your weekly request for benefit payment.	<u>Unemployment Benefit Overview</u> - Information on the Une benefits.
(3)	Request a Redetermination of Your Benefit Amount - Request a review of your unemployment benefit compensation amount which you believe is in error.	<u>Claim Summary</u> - Select this option to view a summary of y
Q	Work Search Log - If required, record your work search contacts for the current calendar week.	File a Claim - File a new claim for unemployment insurance
<b>B</b>	Resume Builder - To create an online, active résumé to meet eligibility requirements.	<u>Unemployment Claim Document Requests</u> - Select this op
×jo	Employment Strategy - View a custom employment strategy just for you.	Update Contact Information - Review and update name, as
Q.	Eligibility Review Questionnaire - Select this option to Click on View Tax Form 1099-G	Overpayment of Benefits - View your Overpayment Balanc
	Update 1099 Delivery Method - Update 1099 Delivery Method	<u>Update Banking Information</u> - Select this option to change
1099	View Tax Form 1099-G - View and print your IRS income tax information.	<u>Request Forbearance Agreement</u> - Select this option to red Department of Labor.

Select view to o documer	nt		
			Action
Year	Create Date	Corrected	Action

Nebraska Department of Labor PO Box 94600 Lincoln, NE 68509-4600

Certain Government Payments 1099G

Claimant/Job Seeker:

Claimant ID Number:

Your Name Address City, State, Zip code

## Your 1099-G form will open in a new browser window to view or print the form.

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Nebraska Department of Labor	1 Unemployment compensation	OMB No. 1545-0120	Certain	
PO Box 94600 .incoln, NE 68509-4600 402-471-9000	2 State or local income tax refunds, credits, or offsets \$ 0.00	Form 1099-G	Government Payments	
AYER'S federal identification no. RECIPIENT'S identification no.	3 Box 2 amount is for tax year	4 Federal income tax withheld \$ 0.00	Copy 1	
RECIPIENT'S name	5 RTAA payments \$ 0.00	6 Taxable grants \$ 0.00	For State Tax	
Street address (including apt. no.)	7 Agriculture payments \$ 0.00	8 Check if box 2 is trade or business income []	- Department	
City or town, state or provice, country, and zip or foreign postal code	9 Market gain \$ 0.00		]	
	10a State 10b State id no.	11 State income tax withheld	]	
Account number (see instructions)	NE	\$ 0.00		