Looloop Scenario

Dependents are the age of 18 and did not live in home all year, Jacob lived there 5 months and Lalani lived there 7 months

Wal-Mart associate, has 401k and pays for employer sponsored health insurance



	a Employee's social security number			Safe, accurate	BS •	file	Visit the IRS website at		
	311-00-1313	OMB No. 154	45-0008	FASTI Use		الاسلام	www.irs.gov/efile		
b Employer identification number (EIN)			1 Wa	ges, tips, other cor	npensation	2 Feder	al income tax withheld		
	71-0794409				52251		7295		
c Employer's name, address, and ZIP code			3 So	3 Social security wages			4 Social security tax withheld		
					57251		3550		
			5 Me	edicare wages and	dtips	6 Medic	care tax withheld		
WAL-MART ASSOC INC					57251		830		
1702 SW8TH STREET				cial security tips		8 Alfoca	ited tips		
BENTONVILLE AR 72716-0000)				and a second second second second				
d Control number			9 12			10 Deper	ndent care benefits		
e Employee's first name and initial	Last name	Suff.	11 No	enqualified plans		12a See in	structions for box 12		
CINDY	LOOLOOP		L			D D	5000		
			13 Stat	tutory Retirement playee plan	Third-party sick pay	12b	1		
2735 S RUTHERFORD BLVD APT 1458			LL	<u> </u>	<u> </u>	i DD	2852		
MURFREESBORO TN 37131			14 Oth	ner'		12c	1		
						12d	· -		
f Employee's address and ZIP cod	le					The College States	10.0774.0741.0402.00201		
15 State Employer's state ID numb	er 16 State wages, tips, etc.	17 State incor	ne tax	18 Local wage	s, tips, etc. 1	19 Local inc	ome tax 20 Locality name		
									

Form W-2 Wage and Tax Statement

Department of the Treasury-Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.



Customer Data Sheet

We Must see a PHOTO

Primary Name (as shown on SS Card)				Spouse Name (as shown on SS Card)					
Cindy Looloop									
Date of Birth (MM/DD/YYYY) 311-00-1313 Date of Birth (MM/DD/YYYY)			Social Security #			Date of Birth (MM/DD/YYYY)			
Can anyone claim you as a dependent? YES or 10 Were you married as of Dec 31st? Yes or 10			If married, Live together? Y or N If no when did you separate?(MM/DD/YYYY)						
Occupation: walmart associate			Occupation:						
Email Address: looloop86@aol.com			Email Addre	ss:					
Address IRS can send notices to: 2735 S Rutherford Blvd Apt 1458		City: Murfreesboro		State: TN		Zip: 37131			
Phone: Primary 615-623-7521			Phone: Spou	ıse					
Dependents:				, ,					
Name	DOB	SS#		SS Card (Y or N) Relationsh		nship	Months in Home in 2022		
Jacob Looloop	04/17/2003	411-00-9111			son		5		
Lalani Looloop	12/12/2004	421-00-1119			daughte	r	7		
		DEPENDE	NTS						
<u>*</u>	**Can anyone else	claim your depende		ove? YES or	<u>). ***</u>				
Did you, any dependents, or Anyone or	n your behalf Pui	rchase HEALTH INS	URANCE FRO	M THE MAR	KETPLACE?	YES OR (1)	•		
Do you or you spouse owe the IRS or ha	ve Student Loan	debt?	Who o	wes the debt	?				
information you will need to AMEND		0 in additional fee tional information			e additional t	ax to the IR	S. Always file any		
DIRECT DEPOSIT AUTHORIZATION FORM			DRIVERS LICENSE INFORMATION						
Name of Financial Institution				LICENSE NUMBER					
Routing #				ISSUE DATE					
Account #				EXPIRATION DATE					
Type of Account: Checking/ Prepaid Card/ Savings				LICENSE NUMBER ISSUE DATE					
Cindy Looloop	Filler								
Primary	D	ate							
Spouse		ate							
Did you use any of these aCashAppPaypal		_		acart _	_DoorDa	ısh			
Did you sell any items on a Facebook Marketplace			the tax y	ear?					