

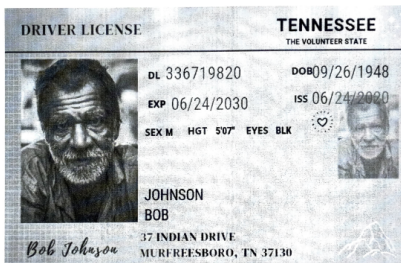
Johnson Scenario #1

His wife Carol died last year. Her funeral expenses were \$11,500. They paid \$1,389 in property taxes.

22222	a Employee's social security number 804-00-1040	OMB No. 1545-0008					
b Employer identification number (EIN) 62-0110005	1 Wages, tips, other compensation 66567.40	2 Federal income tax withheld 472.50					
c Employer's name, address, and ZIP code General Hospital 100 ER Lane Nashville, TN 37210	3 Social security wages 69567.4	4 Social security tax withheld 4126.9					
	5 Medicare wages and tips 69567.4	6 Medicare tax withheld 965.04					
	7 Social security tips	8 Allocated tips					
d Control number	9	10 Dependent care benefits					
e Employee's first name and initial Last name Bob Johnson 37 Indian Drive Murfreesboro, TN 37130	11 Nonqualified plans	12a					
	13 <table style="font-size: small; border-collapse: collapse;"> <tr> <td style="padding: 2px;"> <input type="checkbox"/> Salaried employee </td> <td style="padding: 2px;"> <input checked="" type="checkbox"/> Retirement plan </td> <td style="padding: 2px;"> <input type="checkbox"/> Third-party sick pay </td> </tr> </table>	<input type="checkbox"/> Salaried employee	<input checked="" type="checkbox"/> Retirement plan	<input type="checkbox"/> Third-party sick pay	12b D 3000.00		
	<input type="checkbox"/> Salaried employee	<input checked="" type="checkbox"/> Retirement plan	<input type="checkbox"/> Third-party sick pay				
	14 Other	12c					
	12d						
f Employee's address and ZIP code							
16 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locally imposed income tax		

Form W-2 Wage and Tax Statement
 Copy 1—For State, City, or Local Tax Department

Department of the Treasury—Internal Revenue Service



Primary Name (as shown on SS Card) Bob Johnson		Spouse Name (as shown on SS Card) Carol Johnson (deceased)	
Social Security # 804-00-1041	Date of Birth (MM/DD/YYYY) 09/26/1949	Social Security # 814-00-1042	Date of Birth (MM/DD/YYYY) 10/11/1951
Can anyone claim you as a dependent? YES or NO Were you married as of Dec 31st? YES or NO		If married, Live together? Y or N If no when did you separate?(MM/DD/YYYY)	
Occupation: xray tech		Occupation:	
Email Address: lookingatbones@gmail.com		Email Address:	
Address IRS can send notices to: 37 Indian Drive		City: Murfreesboro	State: TN
Phone: Primary 615-893-4811		Zip: 37130	
Phone: Spouse			
Dependents:			
Name	DOB	SS#	SS Card (Y or N)
DEPENDENTS ***Can anyone else claim your dependent(s) listed above? YES or NO. ***			
Did you, any dependents, or Anyone on your behalf Purchase HEALTH INSURANCE FROM THE MARKETPLACE? YES OR NO ?			
Do you or you spouse owe the IRS or have Student Loan debt? NO Who owes the debt?			
<p>Incorrect information will delay your refund. This Jackson Hewitt office will never knowingly assist you in filing a fraudulent return. If you cannot provide all your income or expenses at the this time, you should not file this return. If you file and later find you have additional information you will need to AMEND at a cost of \$100 in additional fees and could possibly owe additional tax to the IRS. Always file any additional information prior to April 15th.</p>			

DIRECT DEPOSIT AUTHORIZATION FORM

Name of Financial Institution _____
Routing # _____
Account # _____
Type of Account: Checking/ Prepaid Card/ Savings _____

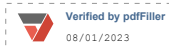
DRIVERS LICENSE INFORMATION

LICENSE NUMBER _____
ISSUE DATE _____
EXPIRATION DATE _____

LICENSE NUMBER _____
ISSUE DATE _____
EXPIRATION DATE _____

By signing below you certify that all the information is true, correct, and complete:

Bob Johnson



Primary _____ Date _____

Spouse _____ Date _____