

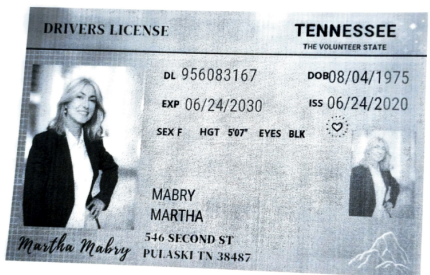
Mabry Scenario

Martha purchases all of Roger's clothes as well as provides a little of his support. Cara has Roger covered on her own health insurance and pays all Roger's medical bills. Cara also has her address listed as Roger's home address. Cara is retired and does not file a tax return. Therefore, Martha would like to claim Roger as her dependent.

22222	a Employee's social security number 409-00-1040	OMB No. 1545-0008				
b Employer identification number (EIN) 62-1412525		1 Wages, tips, other compensation 5961.25	2 Federal income tax withheld 472.50			
c Employer's name, address, and ZIP code Harvey's Gym 2362 James Campbell Blvd		3 Social security wages 5961.25	4 Social security tax withheld 370.05			
		5 Medicare wages and tips 5961.25	6 Medicare tax withheld 86.44			
		7 Social security tips	8 Allocated tips			
d Control number		9	10 Dependent care benefits			
e Employee's first name and initial Last name		11 Nonqualified plans		12a		
Martha Mabry 546 Second Street Pulaski, TN 38487		13 Statutory employee Retirement plan Third-party sick pay		12b		
		14 Other		12c		
				12d		
f Employee's address and ZIP code						
15 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 Locality name

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) Martha Mabry		Spouse Name (as shown on SS Card)			
Social Security # 409-00-5599	Date of Birth (MM/DD/YYYY) 08/04/1975	Social Security #	Date of Birth (MM/DD/YYYY)		
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: personal trainer		Occupation:			
Email Address: flippingwheels@gmail.com		Email Address:			
Address IRS can send notices to: 546 Second Street		City: Pulaski	State: TN	Zip: 38487	
Phone: Primary 212-767-3281		Phone: Spouse			
Dependents:					
Name	DOB	SS#	SS Card (Y or N)	Relationship	Months in Home in 2022
Jerome Mabry	01/01/2011	800-00-1212		son	12
Roger Gray	11/22/2011	801-00-2323		nephew	
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:

Martha Mabry



Primary _____ Date _____

Spouse _____ Date _____