

Stevens Scenario

Ralph Stevens is single with one dependent who is his son.

The mother is no longer in the picture and they were never married,

Ralph paid childcare to an in-home babysitter for his son.

Ralph provided her information below:

Name: Sandra Billings

Social: 420-00-8104

Amount paid: \$5,325.00

Ralph provides all of the support for the child and the home.

DRIVERS LICENSE

TENNESSEE

THE VOLUNTEER STATE



Ralph Stevens

DL 521379200

DOB 03/08/1984

EXP 09/27/2032

ISS 09/27/2022

SEX M HGT 5'07" EYES GRN



STEVENS
RALPH
642 WALLY WAY
UNION CITY TN 38261



2025

Primary Name (as shown on SS Card) Ralph Stevens		Spouse Name (as shown on SS Card)			
Social Security # 400-00-4008	Date of Birth (MM/DD/YYYY) 3/8/84	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 not, when did you separate? (MM/DD/YYYY)			
Occupation: construction		Occupation:			
Email Address: bigboss14@gmail.com		Email Address:			
Primary Driver License Number 521379200		Spouse Driver License Number			
Driver License: Issue Date: 9/27/22 Expiration Date: 9/27/32		Driver License: Issue Date: Expiration Date:			
Address IRS can send notices to: 642 Wally Way		City: Union City	State: TN	Zip: 38261	
Phone: Primary 731-676-5222		Phone: Spouse			
Dependents:					
Name	DOB	SS#	SS Card (Y or N)	Relationship	Months in Home in 2024
Jack Stevens	4/4/22	402-00-1113		son	12
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 your spouse owe the IRS or have Student Loan debt?		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.</p> <p>If you cannot provide all your income or expenses at 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 Number: _____ Account Number: _____
 Type of Account: Please Circle: Checking or Savings

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

Ralph Stevens

 Primary Signature Date

 Spouse Signature Date

Preparer _____ Certifies that all the information obtained from the taxpayer and spouse are reported on this return

1 Wages, tips, other comp. 24000.00		2 Federal income tax withheld 500.00	
3 Social security wages 25000.00		4 Social security tax withheld 1550.00	
5 Medicare wages and tips 25000.00		6 Medicare tax withheld 362.50	
d Control number 123456 20/ABC	Dept. 654321	Corp. ABC	Employer Use Only
c Employer's name, address, and ZIP code TIMELY BUILDERS 12 BUILDER DR GREENVILLE SC 29601			
b Employer's FED ID number 57-2587950		a Employer's SSA number 400-00-4008	
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12 D 1000.00	
14 Other		12b DD 2402.37	
		12c	
		12d	
		13a Stat Emp.	13b Stat plan
			X
e/f Employee's name, address, and ZIP code Ralph Stevens 642 Wally Way Union City TN 38261			
15 State	Employer's state ID no.	16 State wages, tips, etc.	
17 State income tax		18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	
Federal Filing Copy Wage and Tax Statement			
W-2		OMB No. 1545-0008	
Copy B to be filed with employee's Federal Income Tax Return			