Fisher Scenario

He has a rental house located at 123 Main Street, Franklin TN, with the following income and expense:

Rental Income

\$12,050

Rental Expenses:

Mortgage Interest \$5,600

Taxes

\$2,500

Repairs

\$1,521

Cleaning

\$251

55555	a Employee's social security number 194-00-7421	OMB No. 1545-0008					
b Employer identification number (EIN)			1 Wages, tips, other compensation	2 Federal income tax withheld			
62-1231448			38100.00	2250.00			
c Employer's name, address, and ZIP code			3 Social security wages	4 Social security tax withheld			
			42000.00				
Williams Bada West			5 Medicare wages and tips	2604.3			
	Williams Body Works			6 Medicare tax withheld			
165 Nashville Avenue			42000.00 7 Social security tips	609.25			
Nashville, TN 37324			occasi security tips	8 Allocated tips			
d Control number			9	10 Dependent care benefits			
e Employee's first name and initial Last name		Suff.	11 Nonqualified plans	128			
				D 3900.00			
Transaction		ſ	13 Statutory Referencest Pero-party employee plan sca pay	12h			
Mike Fisher		į	x	li I			
2725 Fisher Avenue	:	ſ	14 Other	12c			
Franklin, TN 37412				ă			
,		1		124			
		1		9			
f Employee's address and ZIP code							
16 State Employer's state ID num	ber 16 State wages, tips, etc.	17 State incom	e tax 18 Local wages, tipa, etc.	19 Local income tax 20 Localty name			
	***************************************			***************			
1			woodo				

Wage and Tax Statement

Department of the Treasury - Internal Revenue Service

Copy 1-For State, City, or Local Tax Department

DRIVER LICENSE	TENNESSEE THE VOLUNTEER STATE				
	DL 923784918 EXP 06/24/2030 SEX M HGT 507 EYES	DOB10/13/1976 ISS 06/24/2020 BLK			
	FISHER MIKE 2725 FISHER AVE FRANKLIN TN 37421				



Customer Data Sheet

We Must see a PHOTO

Primary Name (as shown on SS Card)				Spouse Name (as shown on SS Card)					
Mike Fisher									
Social Security #	Date of Birth (MM/DD/YYYY)			Social Security #			Date of Birth (MM/DD/YYYY)		
194-00-7421	10/13/19	976							
Can anyone claim you as a	dependent?	YES or NO		If married, Live together? Y or N					
Were you married as of Dec	31st?	Yes or 10		If no when did you separate?(MM/DD/YYYY)					
Occupation: automotive	technician			Occupation:					
Email Address: fishin4rer	ntalhomes@	@gmail.com		Email Address:					
Address IRS can send notice	es to:	-	City:	State: Zip:					
2725 Fisher Ave					TN	TN 37412		2	
Phone: Primary 731-424	-8937			Phone: Spouse					
Dependents:									
Name		DOB SS#		SS Card		Relation	Relationship Months i		
		300			(Y or N)		2022		
			DEPENDI		•			-	
	*	**Can anyone else	e claim your depende	ent(s) listed ab	ove? YES or NC) <u>. ***</u>			
Did you, any dependents,	or Anyone or	n your behalf Pui	rchase HEALTH INS	URANCE FRO	M THE MARK	ETPLACE? \	res or 🔞)?	
Do you or you spouse owe	the IRS or ha	ve Student Loan	debt? no	Who o	wes the debt?				
Incorrect information If you cannot provide all y information you will nee	our income o	or expenses at th o at a cost of \$10	ie this time, you sl	nould not file es and could	this return. If possibly owe	you file and	l later find	l you have additional	
DIRECT DEPOSIT AUTHO	RIZATION F	ORM			DRIVERS	LICENSE	INFORM	ATION	
Name of Financial Inst	itution				LICENSE NUMBER				
Routing #					ISSUE DATE				
Account #		EXPIRATION DATE							
Type of Account: Chec	ckina/ Prep	aid Card/ Savi	nas		LICENCE	NUMBER			
					LICENSE NUMBER				
By signing below you certify that all the information is true, correct, and compl				loto:	ISSUE DATE				
by signing below you certify	y ulat all tile i	mormation is true	, correct, and comp	iete.	<u>EXPIRA</u>	TION DATE			
Mile Fisher		ed by pdfFiller							
Primary		D	ate						
Spouse		n	ate						
Chonse		J	410						