

2025

Primary Name (as shown on SS Card) Pamela Jane Reed		Spouse Name (as shown on SS Card)			
Social Security # 545-00-9885	Date of Birth (MM/DD/YYYY) 01/31/1990	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: Call rep		Occupation:			
Email Address: PJR@nomail.com		Email Address:			
Primary Driver License Number 9854335123		Spouse Driver License Number			
Driver License: Issue Date: 01/15/2020 Expiration Date: 01/31/2028		Driver License Issue Date: Expiration Date:			
Address IRS can send notices to: 2525 Country Lane	City: Summertown	State: Tn	Zip: 38483		
Phone: Primary		Phone: Spouse			
Dependents:					
Name	DOB	SS#	SS Card (Y or N)	Relationship	Months in Home in 2024
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: check
 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:

Pam Reed 01/02/2025

 Primary Signature Date

 Spouse Signature Date

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

Pamela Reed is single. She has no children. She worked part of the year as a call rep. She normally does not file her taxes as she has been told she does not make enough for them to make her file.

Pamela was shopping in wal-mart when a JH employee asked her had she filed her taxes yet. She replied back no thank you I do not make enough to have to file. The employee asks her if she knows even tho she does not make enough to have to file that sometimes she will still receive a refund.

Pamela likes the sound of that as she could always use a few extra dollars and agrees that she would like make an appointment to come in and just see. The JH employee lets her know that she has time now if she would like to sit down they can figure it up in just a few moments. All she has to do is sign into where her pay check stubs go and click on tax documents to pull up her w2 and we can request that file from you just screen shot your w2.

Pamela isn't sure as everyone has told her not to file but she sits down and they begin working on her taxes.

22222		a Employee's social security number 545-00-9885		OMB No. 1545-0008		
b Employer identification number (EIN) 61-1400477			1 Wages, tips, other compensation 13303.07		2 Federal income tax withheld 802.75	
c Employer's name, address, and ZIP code RRD FINANCIAL SERVICES INC PO BOX 53 SMITHS GROVE KY 42171			3 Social security wages 13303.07		4 Social security tax withheld 824.80	
			5 Medicare wages and tips 13303.07		6 Medicare tax withheld 192.91	
			7 Social security tips		8 Allocated tips	
d Control number 01658571			9		10 Dependent care benefits	
e Employee's first name and initial Last name Suff. PAMELA REED 2525 COUNTRY LANE SUMMERTOWN TN 38483			11 Nonqualified plans		12a C o o d e	
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b C o o d e	
			14 Other		12c C o o d e	
					12d C o o d e	
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

2024

Department of the Treasury—Internal Revenue Service