

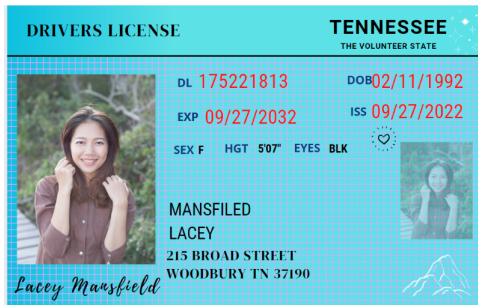
Mansfield Scenario

Child Care Payments

Tiny Tots Daycare
62-5213215
Pays \$175 a week for both children

When Children are not at in daycare they stay with family or ride with her while she works Uber and Door Dash

Drives a 2018 Dodge Journey
and 5213 of her miles were before July



VOID CORRECTED


PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Uber Technologies 1585 Uber Way San Francisco CA 94107		OMB No. 1545-0116 Form 1099-NEC (Rev. January 2022) For calendar year 20 <u> </u>		Nonemployee Compensation
PAYER'S TIN 45-2647441	RECIPIENT'S TIN 211-00-3232	1 Nonemployee compensation \$ 1552		
RECIPIENT'S name Lacey Mansfield Street address (including apt. no.) 215 Broad St City or town, state or province, country, and ZIP or foreign postal code Woodbury TN 37190 Account number (see instructions)		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>		Copy 1 For State Tax Department
		3 		
		4 Federal income tax withheld \$		
		5 State tax withheld \$	6 State/Payer's state no.	

22222		a Employee's social security number		OMB No. 1545-0008						
b Employer identification number (EIN) 71-0794409			1 Wages, tips, other compensation 34575		2 Federal income tax withheld 1650					
c Employer's name, address, and ZIP code WALMART 2456 MLK BLVD SHELBYVILLE TN 37160			3 Social security wages 38925		4 Social security tax withheld 2413					
			5 Medicare wages and tips 38925		6 Medicare tax withheld 564					
			7 Social security tips		8 Allocated tips					
d Control number			9		10 Dependent care benefits					
e Employee's first name and initial LACEY		Last name MANSFIELD		Suff.		11 Nonqualified plans		12a W 2600		
f Employee's address and ZIP code 215 BROAD STREET WOODBURY TN 37190			13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b D 1750					
			14 Other		12c					
					12d					
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

VOID CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Door Dash 2869 Taylor Drive San Francisco CA 94107		OMB No. 1545-0116 Form 1099-NEC (Rev. January 2022) For calendar year 20 22		Nonemployee Compensation	
PAYER'S TIN 462852392	RECIPIENT'S TIN 211-00-3232	1 Nonemployee compensation \$ 1253			
RECIPIENT'S name Lacey Mansfield Street address (including apt. no.) 215 Broad St City or town, state or province, country, and ZIP or foreign postal code Woodbury TN 37190		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/> 3  4 Federal income tax withheld \$		Copy 1 For State Tax Department	
Account number (see instructions)		5 State tax withheld \$	6 State/Payer's state no.		7 State income \$
		\$			\$

Primary Name (as shown on SS Card) Lacey Mansfield		Spouse Name (as shown on SS Card)			
Social Security # 211-00-3232	Date of Birth (MM/DD/YYYY) 02/11/1992	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: WalMart/ Doordash/uber		Occupation:			
Email Address: lmansfield92@gmail.com		Email Address:			
Address IRS can send notices to: 215 Broad St		City: Woodbury	State: TN	Zip: 37190	
Phone: Primary 629-321-5621			Phone: Spouse		
Dependents:					
Name	DOB	SS#	SS Card (Y or N)	Relationship	Months in Home in 2022
Gatsby Mansfield	3/13/20	214-00-2463	y	son	12
Scarlette Mansfield	3/13/20	154-00-6313	y	daughter	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 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:

Lacey Mansfield 

 Primary Date

 Spouse Date

Did you use any of these apps during the tax year?
 ___ CashApp ___ Paypal ___ Venmo **X**Uber ___ Lyft ___ Instacart **X**DoorDash
 Did you sell any items on any of these apps during the tax year?
 ___ Facebook Marketplace ___ Amazon ___ Ebay

**2022 SCHEDULE C DATA SHEET FOR
GIG ECONOMY**

Use this form to help you organize your delivery info. **All income and expenses must be reported**, including cash and bartering.

General Expenses:

Business Income by Platform: (all on one Sch C)

Platform Fees	\$ 2315	Uber	\$ 8952
3rd Party Fees	\$ 485	Lyft	\$
Instant Pay Fees	\$ 125	Amazon Flex	\$
Splitfare Fee	\$ 28	Shipt	\$
Airport surcharge Fee	\$ 15	Instacart	\$
Parking	\$	Door Dash	\$ 7253
Tolls	\$	Uber Eats	\$
Vehicle Registration	\$	Postmates	\$
Supplies offered to passengers	\$	Other:	\$
(water, gum, candy, etc)		Other:	\$
AAA Membership	\$ 125	Other:	\$
Sirus XM	\$ 125		\$
Detailing/Cleaning Vehicle	\$ 100		\$
Cell phone (work percentage)	\$ 300		\$
Total	\$	Total	\$

Did you claim this activity on your taxes last year? (Circle one.) Yes No

Must have records or receipts if requested by the IRS. (Initial that you understand _____)

CIRCLE ONE: Standard Mileage or Actual Mileage (if you filed last year you must use the same method)

Standard

2018 Dodge Journey

Actual (cannot be used if claiming mileage)

Total Miles for the year

35257

Gas:

\$

Online Miles

15223

5213 miles before July

Tires:

\$

Miles between pick ups

5881

Repairs

\$

Standard mileage rate is 58.5¢ per mile Jan-June, 62.5¢ per mile July-Dec

Auto Ins.

\$

Based on tax law, you are required to claim all expenses for your self-employment income.

If you have no expenses listed, please explain why:

Note: Qualified Business Deduction (QBI or 199A) is determined based on the net profit from your business(es).

We prepare your return from the information you furnished us, without verification. Keep all records with IRS requirements.

Upon examination of the returns by taxing authorities, request may be made for underlying data.

I certify that all the information is true and accurate to the best of my knowledge.

Signature: Lacey Mansfield

Date: _____

Spouse Signature: _____

Date: _____