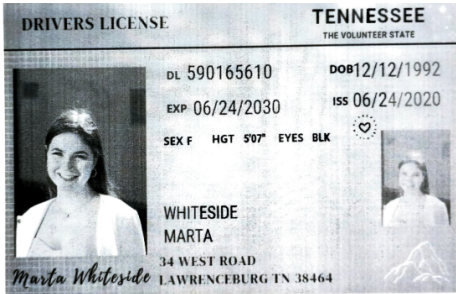


# Whiteside Scenario

22222	a Employee's social security number 400-00-1040	OMB No. 1545-0008				
b Employer identification number (EIN) 62-0123000		1 Wages, tips, other compensation 3850.00	2 Federal income tax withheld 25.00			
c Employer's name, address, and ZIP code  ABC Company 12 Main Street Lawrenceburg, TN 38464		3 Social security wages 3850.00	4 Social security tax withheld 239.0			
		5 Medicare wages and tips 3850.00	6 Medicare tax withheld 56.32			
		7 Social security tips	8 Allocated tips			
d Control number		9	10 Dependent care benefits			
e Employee's first name and initial Last name  Marta Whiteside 34 West Road Lawrenceburg, TN 38464		11 Nonqualified plans		12a		
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		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) Marta Whiteside		Spouse Name (as shown on SS Card)			
Social Security # 400-00-1040	Date of Birth (MM/DD/YYYY) 12/12/1992	Social Security #	Date of Birth (MM/DD/YYYY)		
Can anyone claim you as a dependent? YES or <b>NO</b> Were you married as of Dec 31st? Yes or <b>NO</b>		If married, Live together? Y or N If no when did you separate?(MM/DD/YYYY)			
Occupation: waitress		Occupation:			
Email Address: localwaitress@hotmail.com		Email Address:			
Address IRS can send notices to: 34 West Road		City: Lawrenceburg	State: TN	Zip: 38464	
Phone: Primary 931-332-9857		Phone: Spouse			
<b>Dependents:</b>					
Name	DOB	SS#	SS Card (Y or N)	Relationship	Months in Home in 2022
<b>DEPENDENTS</b> ***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 <b>NO</b> ?					
Do you or you spouse owe the IRS or have Student Loan debt? <b>no</b> 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:

*Marta Whiteside* 

\_\_\_\_\_  
Primary Date

\_\_\_\_\_  
Spouse Date