

Jones Scenario

John Jones was severely injured horseback riding and cannot return to work.

John is drawing disability pay with his job as pension payments from his retirement.

John is single with no dependents.

DRIVERS LICENSE

TENNESSEE

THE VOLUNTEER STATE



John Jones

DL 541369752

DOB 06/25/1986

EXP 09/27/2032

ISS 09/27/2022

SEX M HGT 5'07" EYES GRN



JONES
JOHN
953 CORNER RD
UNION CITY TN 38261



2025

Primary Name (as shown on SS Card) John Jones		Spouse Name (as shown on SS Card)			
Social Security # 410-00-1125	Date of Birth (MM/DD/YYYY) 6/25/86	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: disabled due to injury		Occupation:			
Email Address: horselover@gmail.com		Email Address:			
Primary Driver License Number 541369752		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: 953 Corner Rd		City: Union City	State: TN Zip: 38261		
Phone: Primary 731-693-2253		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: _____
 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:

John Jones

 Primary Signature Date

 Spouse Signature Date

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

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

PAYER'S name, street address, city, state, and ZIP code
 YOUR COMPANY RETIREMENT ACCOUNT
 PO BOX 111
 YOUR CITY YS ZIP CODE

1 Gross distribution
 \$ 18000.00
 2a Taxable amount
 \$ 18000.00

OID No. 0045-0110
 Form 1099-R

Copy B

PAYER'S TIN
 00-0112500

RECIPIENT'S TIN
 400-00-1125

3 Capital gain (included in box 2a)
 \$

4 Federal income tax withheld
 \$ 1800.00

Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.

RECIPIENT'S name
 John Jones
 Street address (including apt. no.)
 953 Corner Rd
 City, State, and ZIP Code
 Union City TN 38261

5 Employee contributions (Designated Roth contributions or insurance premiums)
 \$

6 Net unrealized appreciation in employer's securities
 \$

7 Distribution code(s)
 3

8 Other
 \$ %

This information is being furnished to the Internal Revenue Service.

9 AMOUNT ADJUSTABLE TO RRR WITHIN 2 YEARS

10 1ST YEAR OF DESIGNATED ROTH CONTRIBUTIONS

12 STATE TAX WITHHELD
 \$
 \$

13 STATE/OTHER STATE NO

14 STATE DISTRIBUTION
 \$
 \$

Account number (see instructions)

15 LOCAL TAX WITHHELD
 \$
 \$

16 NAME OF LOCALITY

17 LOCAL DISTRIBUTION
 \$
 \$