

Fry Scenario

FORM SSA-1099 -- SOCIAL SECURITY BENEFIT STATEMENT

<ul style="list-style-type: none"> • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME. • SEE THE REVERSE FOR MORE INFORMATION. 												
Box 1 Name SAMPSON FRY		Box 2 Beneficiary's Social Security Number 400-00-4020										
Box 3 Benefits Paid in 2015 \$19,748.34	Box 4 Benefits Repaid to SSA in 2015 NONE	Box 5 Net Benefits for 2015 (Box 3 minus Box 4) \$19,748.34										
DESCRIPTION OF AMOUNT IN BOX 3 <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Paid by check or direct deposit</td> <td style="text-align: right;">\$18,385.16</td> </tr> <tr> <td>Medicare Part B premiums deducted from your benefits</td> <td style="text-align: right;">\$975.58</td> </tr> <tr> <td>Medicare Prescription Drug premiums (Part D) deducted from your benefits</td> <td style="text-align: right;">\$387.60</td> </tr> <tr> <td>Total Additions</td> <td style="text-align: right;">\$19,748.34</td> </tr> <tr> <td>Benefits for 2015</td> <td style="text-align: right;">\$19,748.34</td> </tr> </table>		Paid by check or direct deposit	\$18,385.16	Medicare Part B premiums deducted from your benefits	\$975.58	Medicare Prescription Drug premiums (Part D) deducted from your benefits	\$387.60	Total Additions	\$19,748.34	Benefits for 2015	\$19,748.34	DESCRIPTION OF AMOUNT IN BOX 4 <p style="text-align: center;">NONE</p>
Paid by check or direct deposit	\$18,385.16											
Medicare Part B premiums deducted from your benefits	\$975.58											
Medicare Prescription Drug premiums (Part D) deducted from your benefits	\$387.60											
Total Additions	\$19,748.34											
Benefits for 2015	\$19,748.34											
		Box 6 Voluntary Federal Income Tax Withheld 1,975.00										
		Box 7 Address SAMPSON FRY 325 WINKEN WAY NASHVILLE TN 37211										
		Box 8 Claim Number (Use this number if you need to contact SSA.)										

Form SSA-1099-SM

DO NOT RETURN THIS FORM TO SSA OR IRS

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code State Department 678 Admin Ave. Nashville, TN 37211		1 Gross distribution \$ 42,450 2a Taxable amount \$ 42,450	OMB No. 1546-0119 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy B 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.
2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input type="checkbox"/>	3 Capital gain (included in box 2a) \$		
PAYER'S federal identification number 62-0110220	RECIPIENT'S identification number 400-00-4020	4 Federal income tax withheld \$ 6,367		This information is being furnished to the Internal Revenue Service.
RECIPIENT'S name Sampson Fry Street address (including apt. no.) 325 Winken Way City or town, state or province, country, and ZIP or foreign postal code Nashville, TN		5 Employee contributions /Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$	
10 Amount allocable to IRF within 5 years \$		7 Distribution code(s) 7 <input type="checkbox"/> IRA/SEP/SIMPLE	8 Other \$ %	
Account number (see instructions)		9a Your percentage of total distribution %	9b Total employee contributions \$	
11 1st year of desig. Roth contrib \$		12 State tax withheld \$	13 State/Payer's state no. \$	14 State distribution \$
15 Local tax withheld \$		16 Name of locality \$	17 Local distribution \$	

Form 1099-R

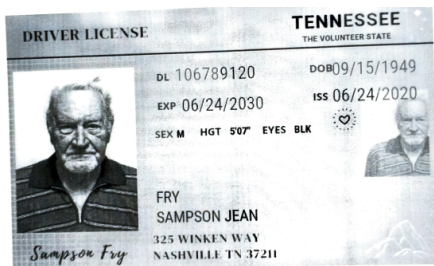
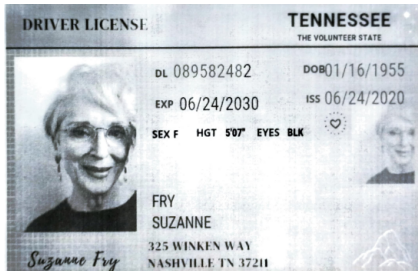
www.irs.gov/form1099r

Department of the Treasury - Internal Revenue Service

22222		a Employee's social security number 410-00-4020		OMB No. 1545-0006		
b Employer identification number (EIN) 62-0102030			1 Wages, tips, other compensation 66,508.13		2 Federal income tax withheld 8,056.67	
c Employer's name, address, and ZIP code Frank Johnson, DDS 456 Main St. Nashville, TN 37211			3 Social security wages 72,436.13		4 Social security tax withheld 4,491.04	
			5 Medicare wages and tips 72,436.13		6 Medicare tax withheld 1,050.32	
			7 Social security tips		8 Allocated tips	
d Control number			9		10 Dependent care benefits	
e Employee's first name and initial Last name Suff. Suzanne Fry 325 Winken Way Nashville, TN 37211			11 Nonqualified plans		12a D 5,928.00	
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b DD 11,397.00	
			14 Other		12c 12d	
f Employee's address and ZIP code						
16 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) Sampson Fry		Spouse Name (as shown on SS Card) Suzanne Fry	
Social Security # 400-00-4020	Date of Birth (MM/DD/YYYY) 09/15/1949	Social Security # 410-00-4020	Date of Birth (MM/DD/YYYY) 01/16/1955
Can anyone claim you as a dependent? YES or <input checked="" type="radio"/> NO Were you married as of Dec 31st? <input checked="" type="radio"/> YES or NO		If married, Live together? <input checked="" type="radio"/> Y or N If no when did you separate?(MM/DD/YYYY)	
Occupation: retired		Occupation: dental hygienist	
Email Address: retiredhusband@hotmail.com		Email Address:	
Address IRS can send notices to: 325 Winken Way		City: Nashville	State: TN
Phone: Primary 625-000-3252		Phone: Spouse	
Dependents:			
Name	DOB	SS#	SS Card (Y or N)
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 <input checked="" type="radio"/> 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

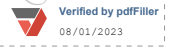
Name of Financial Institution _____
Routing # _____
Account # _____
Type of Account: Checking/ Prepaid Card/ Savings _____

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:

Sampson Fry 
Primary _____ **Date** _____
Suzanne Fry 
Spouse _____ **Date** _____