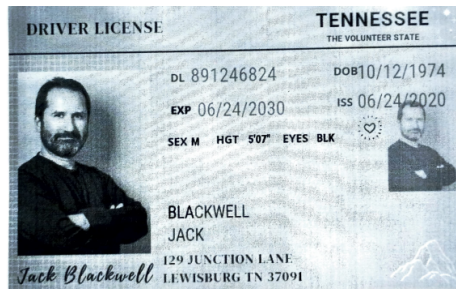
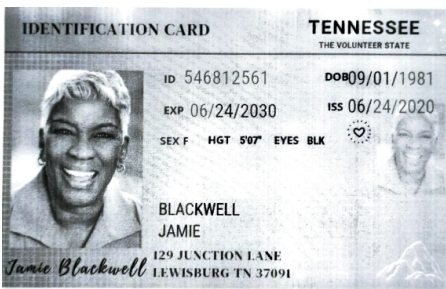


### Level 3 Scenario

The parents paid for their daughters tuition for her education this year. Jack says he drive a Toyota Carolla he bought new on Feb 1, 2017. He says he only uses the Carolla for work because he has a new SUV that he uses for personal time. During 2022 Jack says he put 19,127 miles on his Carolla and all but 612 of that was for work. He did not keep up with his gas receipts or any other expenses because he was taught by his last tax preparer to only worry about the miles. Jack paid \$789 in Lyft and Uber fees this year and the only other expense he can think of is when he had to have his car professionally cleaned for \$210 after a customer made a mess in his car. Jamie keeps the neighbors kids when they are out of school and after school. This year she said they started staying home some by themselves so she didn't make as much as she would like but the \$8,100 helped them get through some tough times. She says the only expense that she actually has is for the one time that she had to treat her house for lice when one of the children got it from school. The cost of the treatment was \$96.



CORRECTED (if checked)

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. <b>Uber Technologies</b> <b>1455 Market St., Suite 400</b> <b>San Francisco, CA 94103</b>		FILER'S TIN <b>45-2647441</b>	OMB No. 1545-2205	<b>Payment Card and Third Party Network Transactions</b>
		PAYEE'S TIN <b>XXX-XX-1144</b>		
		1a Gross amount of payment card/third party network transactions <b>\$ 25304.47</b>	Form <b>1099-K</b>	
		1b Card Not Present transactions <b>\$ 0.00</b>	2 Merchant category code	
Check to indicate if FILER is a (an): Payment settlement entity (PSE) <input checked="" type="checkbox"/> Electronic Payment Facilitator (EPF)/Other third party <input type="checkbox"/>	Check to indicate transactions reported are: Payment card <input type="checkbox"/> Third party network <input checked="" type="checkbox"/>	3 Number of payment transactions <b>1122</b>	4 Federal income tax withheld <b>\$</b>	<b>Copy B For Payee</b>  This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if taxable income results from this transaction and the IRS determines that it has not been reported.
PAYEE'S name <b>Jack Blackwell</b>		5a January <b>\$ 1194.46</b>	5b February <b>\$ 1033.62</b>	
Street address (including apt. no.) <b>129 Junction Lane</b>		5c March <b>\$ 1460.35</b>	5d April <b>\$ 4992.34</b>	
City or town, state or province, country, and ZIP or foreign postal code <b>Lewisburg, TN 37091</b>		5e May <b>\$ 934.88</b>	5f June <b>\$ 1827.13</b>	
PSE'S name and telephone number		5g July <b>\$ 1985.38</b>	5h August <b>\$ 2919.74</b>	
Account number (see instructions)		5i September <b>\$ 2021.20</b>	5j October <b>\$ 1973.38</b>	
		5k November <b>\$ 1779.73</b>	5l December <b>\$ 2182.26</b>	
		6 State	7 State identification no.	
			8 State income tax withheld <b>\$</b>	
			<b>\$</b>	

Form **1099-K** (Keep for your records) [www.irs.gov/Form1099K](http://www.irs.gov/Form1099K) Department of the Treasury - Internal Revenue Service

CORRECTED

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number <b>University of Tennessee</b> <b>4350 Vol's Drive</b>		1 Payments received for qualified tuition and related expenses <b>\$ 17,230.00</b>	OMB No. 1545-1574	<b>Tuition Statement</b>
		2 Amounts billed for qualified tuition and related expenses <b>\$</b>	Form <b>1098-T</b>	
FILER'S federal identification no. <b>62-4411222</b>	STUDENT'S taxpayer identification no. <b>555-00-0044</b>	3 If this box is checked, your educational institution has changed its reporting method for 2016 <input type="checkbox"/>		
STUDENT'S name <b>Haven Blackwell</b>		4 Adjustments made for a prior year <b>\$</b>	5 Scholarships or grants <b>\$ 3100.00</b>	
Street address (including apt. no.) <b>129 Junction Lane</b>		6 Adjustments to scholarships or grants for a prior year <b>\$</b>	7 Checked if the amount in box 1 or 2 includes amounts for an academic period beginning January - March 2017 <input type="checkbox"/>	<b>Copy B For Student</b>  This is important tax information and is being furnished to the Internal Revenue Service. This form must be used to complete Form 8863 to claim education credits. Give it to the tax preparer or use it to prepare the tax return.
City or town, state or province, country, and ZIP or foreign postal code <b>Lewisburg, TN 37091</b>		8 Check if at least half-time student <input checked="" type="checkbox"/>	9 Checked if a graduate student <input type="checkbox"/>	
Service Provider/Acct. No. (see instr.)			10 Ins. contract reimb./refund <b>\$</b>	

Form **1098-T** (keep for your records) [www.irs.gov/form1098t](http://www.irs.gov/form1098t) 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.  <b>Uber Technologies 1455 Market St., Suite 400 San Francisco, CA 94103</b>		OMB No. 1545-0116  Form <b>1099-NEC</b>		<b>Nonemployee Compensation</b>  <b>Copy 1 For State Tax Department</b>		
PAYER'S TIN  <b>45-2647441</b>		RECIPIENT'S TIN  <b>XXX-XX-1144</b>	<b>1</b> Nonemployee compensation \$ <b>2,014.91</b>			
RECIPIENT'S name  <b>Jack Blackwell</b>		<b>2</b>				
Street address (including apt. no.)  <b>129 Junction Lane</b>		<b>3</b>				
City or town, state or province, country, and ZIP or foreign postal code  <b>Lewisburg, TN 37091</b>		<b>4</b> Federal income tax withheld \$				
FATCA filing requirement <input type="checkbox"/>						
Account number (see instructions)		<b>5</b> State tax withheld \$	<b>6</b> State/Payer's state no.			<b>7</b> State income \$

Form **1099-NEC**

[www.irs.gov/Form1099NEC](http://www.irs.gov/Form1099NEC)

Department of the Treasury - Internal Revenue Service

Primary Name (as shown on SS Card) Jack Blackwell		Spouse Name (as shown on SS Card) Jamie Blackwell	
Social Security # 511-00-1144	Date of Birth (MM/DD/YYYY) 10/12/1974	Social Security # 511-00-2244	Date of Birth (MM/DD/YYYY) 09/01/1981
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: self employed		Occupation: self employed	
Email Address: blackwelluber@gmail.com		Email Address:	
Address IRS can send notices to: 129 Junction Lane		City: Lewisburg	State: TN
Phone: Primary 931-129-4488		Zip: 37091	
Phone: Spouse 931-889-3548			
<b>Dependents:</b>			
Name	DOB	SS#	SS Card (Y or N)
Jeffrey Blackwell	03/14/2008	566-00-6644	
Felicity Blackwell	06/17/2007	577-00-7744	
Haven Blackwell	11/03/2004	555-00-0044	
DEPENDENTS			
***Can anyone else claim your dependent(s) listed above? YES or <input checked="" type="radio"/> 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:

*Jack Blackwell*   
**Primary** \_\_\_\_\_ **Date** \_\_\_\_\_  
*Jamie Blackwell*   
**Spouse** \_\_\_\_\_ **Date** \_\_\_\_\_