

Pain Scenario

Doug was paid \$13,200 this year to preform as a musician. He did not receive any 1099's. He also had expenses of \$2,100 for the purchase of a new Fender Stratocaster electric guitar on 2/11/2023, the cost of strings, straps and picks amounting to \$227. For the full year he drove a total of 953 miles to the bars and back home.

Sally is a sophomore in college and does not have any felony charges. The parents provide more than half of Sally's support even though Sally has a part time job at the Vol's Café and lives in the dorms.

CORRECTED

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number University of Tennessee 4350 Vol's Drive Knoxville TN 37930		1 Payments received for qualified tuition and related expenses \$ 15,353.00	OMB No. 1545-1574 Form 1098-T	Tuition Statement Copy B For Student 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.
FILER'S federal identification no. 62-4411222	STUDENT'S taxpayer identification no. 401-00-1515	2 Amounts billed for qualified tuition and related expenses \$	3 If this box is checked, your educational institution has changed its reporting method for 2016 <input type="checkbox"/>	
STUDENT'S name Sally Pain		4 Adjustments made for a prior year \$	5 Scholarships or grants \$ 10,250.00	
Street address (including apt. no.) 22 Elk Avenue City or town, state or province, country, and ZIP or foreign postal code Columbia, TN 38401		6 Adjustments to scholarships or grants for a prior year \$	7 Checked if the amount in box 1 or 2 includes amounts for an academic period beginning January - March 2017 <input type="checkbox"/>	
Service Provider/Acct. No. (see instr.)	8 Check if at least half-time student <input checked="" type="checkbox"/>	9 Checked if a graduate student <input type="checkbox"/>	10 Ins. contract reimb./refund \$	




Form **1098-T** (keep for your records) www.irs.gov/form1098t Department of the Treasury - Internal Revenue Service

22222	a Employee's social security number 411-00-4867	OMB No. 1545-0008			
b Employer identification number (EIN) 62-4139876		1 Wages, tips, other compensation 6148.00	2 Federal income tax withheld 567.24		
c Employer's name, address, and ZIP code JKL Company 789 Side Street Columbia, TN 38401		3 Social security wages 6148.00	4 Social security tax withheld 381.18		
		5 Medicare wages and tips 6148.00	6 Medicare tax withheld 89.14		
		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. Ann Pain 22 Elk Avenue Columbia, TN 38401		11 Nonqualified plans		12a 12b 12c 12d	
f Employee's address and ZIP code		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	14 Other		
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

DRIVERS LICENSE TENNESSEE THE VOLUNTEER STATE

DL 296719920 DOB 04/10/1972
EXP 06/24/2030 ISS 06/24/2020
SEX M HGT 5'07" EYES BLK




PAIN
DOUG JOSEPH
22 ELK AVE
COLUMBIA TN 38401



DRIVERS LICENSE TENNESSEE THE VOLUNTEER STATE

DL 558734610 DOB 12/02/1972
EXP 06/24/2030 ISS 06/24/2020
SEX F HGT 5'07" EYES BLK

PAIN
ANN
22 ELK AVE
COLUMBIA TN 38401



Primary Name (as shown on SS Card) Doug Pain		Spouse Name (as shown on SS Card) Ann Pain			
Social Security # 411-00-4368	Date of Birth (MM/DD/YYYY) 04/10/1972	Social Security # 411-00-4867	Date of Birth (MM/DD/YYYY) 12/02/1972		
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: musician		Occupation: retail			
Email Address:		Email Address: familyof pain@gmail.com			
Address IRS can send notices to: 22 Elk Ave		City: Columbia	State: TN Zip: 38401		
Phone: Primary		Phone: Spouse 731-423-6088			
Dependents:					
Name	DOB	SS#	SS Card (Y or N)	Relationship	Months in Home in 2022
Sally Pain	02/01/2000	411-00-1515		daughter	12
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 _____

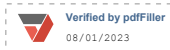
DRIVERS LICENSE INFORMATION

LICENSE NUMBER _____
ISSUE DATE _____
EXPIRATION DATE _____

LICENSE NUMBER _____
ISSUE DATE _____
EXPIRATION DATE _____

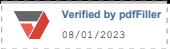
By signing below you certify that all the information is true, correct, and complete:

Doug Pain



Primary _____ Date _____

Ann Pain



Spouse _____ Date _____