

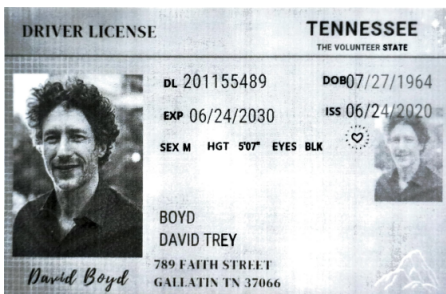
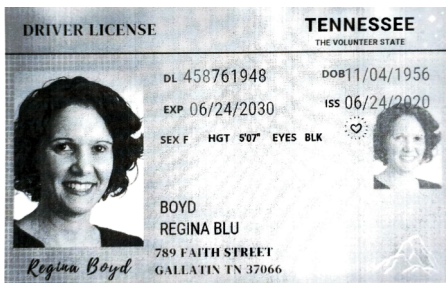
## Level 2 Scenario

Mason is disabled and his parents provide all of his support.

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code  Metro Davidson Co 700 2nd Ave N Nashville, TN 37210		<b>1</b> Gross distribution \$ 4,560.00		OMB No. 1545-0119  Form <b>1099-R</b>	<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>  <b>Copy B</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.  This information is being furnished to the Internal Revenue Service.	
		<b>2a</b> Taxable amount \$				<b>2b</b> Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>
PAYER'S federal identification number  62-0694743	RECIPIENT'S identification number  414-00-4141	<b>3</b> Capital gain (included in box 2a) \$		<b>4</b> Federal income tax withheld  \$ 456.00		
RECIPIENT'S name  Regina Boyd  Street address (including apt. no.) 789 Faith Street  City or town, state or province, country, and ZIP or foreign postal code Gallatin, TN 37066		<b>5</b> Employee contributions /Designated Roth contributions or insurance premiums \$		<b>6</b> Net unrealized appreciation in employer's securities \$		
		<b>7</b> Distribution code(s) 3	IRA/SEP/SIMPLE <input type="checkbox"/>	<b>8</b> Other \$ %		<b>9a</b> Your percentage of total distribution % \$
<b>10</b> Amount allocable to IRR within 5 years \$	<b>11</b> 1st year of desig. Roth contrib. <input type="checkbox"/>	FATCA filing requirement <input type="checkbox"/>	<b>12</b> State tax withheld \$		<b>13</b> State/Payer's state no. \$	<b>14</b> State distribution \$
Account number (see instructions) \$			<b>15</b> Local tax withheld \$		<b>16</b> Name of locality \$	<b>17</b> Local distribution \$

Form **1099-R** www.irs.gov/form1099r 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.  Sudsy Cola Inc.  245 Soda Avenue  Nashville, TN 37201		Applicable check box on Form 8949	OMB No. 1545-0715  Form <b>1099-B</b>	<b>Proceeds From Broker and Barter Exchange Transactions</b>
PAYER'S federal identification number  62-1034805		RECIPIENT'S identification number  410-00-1400		
RECIPIENT'S name  David Boyd		1a Description of property (Example 100 sh. XYZ Co.) 200 Shares		
Street address (including apt. no.)  789 Faith St		1b Date acquired 3/1/2010	1c Date sold or disposed 5/5/2023	
City or town, state or province, country, and ZIP or foreign postal code  Gallatin, TN 37066		1d Proceeds \$ 12000.00	1e Cost or other basis \$ 1800.00	
Account number (see instructions)		1f Accrued market discount \$	1g Wash sale loss disallowed \$	
CUSIP number		2 Short-term gain or loss <input type="checkbox"/> Long-term gain or loss <input type="checkbox"/> Ordinary <input type="checkbox"/>	3 If checked, basis reported to IRS <input type="checkbox"/>	
FATCA filing requirement <input type="checkbox"/>		4 Federal income tax withheld \$	5 If checked, noncovered security <input type="checkbox"/>	
14 State name	15 State identification no.	6 Reported to IRS: Gross proceeds <input type="checkbox"/> Net proceeds <input type="checkbox"/>	7 If checked, loss is not allowed based on amount in 1d <input type="checkbox"/>	
16 State tax withheld \$		8 Profit or (loss) realized in 2016 on closed contracts \$	9 Unrealized profit or (loss) on open contracts—12/31/2015 \$	
17 State tax withheld \$		10 Unrealized profit or (loss) on open contracts—12/31/2016 \$	11 Aggregate profit or (loss) on contracts \$	
12 Check if proceeds from collectibles <input type="checkbox"/>		13 Bartering \$		

Form **1099-B**

www.irs.gov/form1099b

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.  Division of Employment Security  Andrew Jackson Building		1 Unemployment compensation \$ 17,415.00	OMB No. 1545-0120  Form <b>1099-G</b>	<b>Certain Government Payments</b>
PAYER'S federal identification number 62-4568951		RECIPIENT'S identification number 410-00-1400		
RECIPIENT'S name  David Boyd		3 Box 2 amount is for tax year		
Street address (including apt. no.) 789 Faith St		5 RTAA payments \$	4 Federal income tax withheld \$ 1,742	
City or town, state or province, country, and ZIP or foreign postal code Gallatin, TN 37066		6 Taxable grants \$	7 Agriculture payments \$	
Account number (see instructions)		8 Check if box 2 is trade or business income <input type="checkbox"/>	9 Market gain \$	
10a State	10b State identification no.	11 State income tax withheld \$		
11 State income tax withheld \$		12 State income tax withheld \$		

Form **1099-G**

www.irs.gov/form1099g

Department of the Treasury - Internal Revenue Service

22222		a Employee's social security number 414-00-4141	OMB No. 1545-0008			
b Employer identification number (EIN) 62-0694743		1 Wages, tips, other compensation 26,342.41		2 Federal income tax withheld 4,030.33		
c Employer's name, address, and ZIP code Metro Davidson Co 700 2nd Ave N Nashville, TN 37210		3 Social security wages 26,342.41		4 Social security tax withheld 3,266.41		
		5 Medicare wages and tips 26,342.41		6 Medicare tax withheld 763.92		
		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.  Regina Boyd 789 Faith St Gallatin, TN 37066		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

### FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

- PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
- SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name Regina Boyd		Box 2. Beneficiary's Social Security Number 414-00-4141	
Box 3. Benefits Paid in 2012 \$16,973.00	Box 4. Benefits Repaid to SSA in 2012 \$2,300.00	Box 5. Net Benefits for 2012 (Box 3 minus Box 4) \$14,673.00	
<b>DESCRIPTION OF AMOUNT IN BOX 3</b> Paid by check or direct deposit \$14,673.00 Deductions for work or other adjustments \$2,300.00 Total Additions \$16,973.00 Benefits for 2012 \$16,973.00		<b>DESCRIPTION OF AMOUNT IN BOX 4</b> Deductions for work or other adjustments \$2,300.00 Benefits repaid to SSA in 2012 \$2,300.00	
Box 6. Voluntary Federal Income Tax Withheld NONE			
Box 7. Address			
Box 8. Claim Number (Use this number if you need to contact SSA.)			

Primary Name (as shown on SS Card) David Boyd		Spouse Name (as shown on SS Card) Regina Boyd	
Social Security # 410-00-1400	Date of Birth (MM/DD/YYYY) 07/27/1964	Social Security # 414-00-4141	Date of Birth (MM/DD/YYYY) 11/4/1956
Can anyone claim you as a dependent? YES or <b>NO</b> Were you married as of Dec 31st? <b>YES</b> or NO		If married, Live together? <b>Y</b> or N If no when did you separate?(MM/DD/YYYY)	
Occupation: unemployed		Occupation: retail	
Email Address:		Email Address: theboyds@yahoo.com	
Address IRS can send notices to: 789 Faith Street		City: Gallatin	State: TN
Phone: Primary 615-414-7904		Zip: 37066	
Phone: Spouse			
<b>Dependents:</b>			
Name	DOB	SS#	SS Card (Y or N)
Mason Boyd	04/13/2001	402-00-0200	
<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? 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:

*David Boyd*   
 \_\_\_\_\_  
 Primary Date  
*Regina Boyd*   
 \_\_\_\_\_  
 Spouse Date