

# Hamilton Scenario

Felix only spends the weekends with his father. Felix's father provided some financial support, but Ginger provided over half of Felix's support. When Felix was not in school he stayed with his Grandmother while his mother was at work.

<b>22222</b>	Employee's social security number 409-00-7139	OMB No. 1545-0008					
b Employer identification number (EIN) 62-6415367		1 Wages, tips, other compensation 24,484.64	2 Federal income tax withheld 2,348.94				
c Employer's name, address, and ZIP code  Edwards Law Firm 314 E. Broadway Gallatin, TN 37066		3 Social security wages 24,874.64	4 Social security tax withheld 1,542.23				
		5 Medicare wages and tips 24,874.64	6 Medicare tax withheld 360.68				
		7 Social security tips	8 Allocated tips				
d Control number		9	10 Dependent care benefits				
e Employee's first name and initial Last name  Ginger Hamilton 287 Rose Street Gallatin, TN 37066		11 Nonqualified plans		12a D   390.00			
		13 <input type="checkbox"/> Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <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** Department of the Treasury—Internal Revenue Service  
Copy 1—For State, City, or Local Tax Department

<input type="checkbox"/> CORRECTED (if checked)		PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code  LT Investors 7489 Main Street New York, NY 10005		1 Gross distribution \$ 2,340.00	OMB No. 1545-0119  Form 1099-R	<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>  <b>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.</b>  This information is being furnished to the Internal Revenue Service.
				2a Taxable amount \$ 2,340.00		
PAYER'S federal identification number 62-4631235	RECIPIENT'S identification number 409-00-7139	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$ 468.00			
RECIPIENT'S name Ginger Hamilton		5 Employee contributions / Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$			
Street address (including apt. no.) 287 Rose Street		7 Distribution code(s) I	8 Other \$ %			
City or town, state or province, country, and ZIP or foreign postal code Gallatin, TN 37066		9a Your percentage of total distribution %	9b Total employee contributions \$			
10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib.	FATCA filing requirement <input type="checkbox"/>	12 State tax withheld \$	13 State/Payer's state no.	14 State distribution \$	
Account number (see instructions)		15 Local tax withheld \$	16 Name of locality	17 Local distribution \$		

DRIVER LICENSE

TENNESSEE

THE VOLUNTEER STATE



DL 116110713

DOB 11/16/1984

EXP 06/24/2030

ISS 06/24/2020

SEX F HGT 5'07" EYES BLK



HAMILTON  
GINGER

287 ROSE STREET  
GALLATIN TN 37066

*Ginger Hamilton*

Primary Name (as shown on SS Card) Ginger Hamilton		Spouse Name (as shown on SS Card)			
Social Security # 931-505-9457	Date of Birth (MM/DD/YYYY) 11/16/1984	Social Security #	Date of Birth (MM/DD/YYYY)		
Can anyone claim you as a dependent? YES or <b>NO</b> Were you married as of Dec 31st? Yes or <b>NO</b>		If married, Live together? Y or N If no when did you separate?(MM/DD/YYYY)			
Occupation: secretary		Occupation:			
Email Address: employee@aol.com		Email Address:			
Address IRS can send notices to: 287 Rose Street		City: Gallatin	State: TN	Zip: 370611	
Phone: Primary 931-505-9457		Phone: Spouse			
<b>Dependents:</b>					
Name	DOB	SS#	SS Card (Y or N)	Relationship	Months in Home in 2022
Felix Hamilton	08/27/2007	411-00-4613		son	12
<b>DEPENDENTS</b>					
***Can anyone else claim your dependent(s) listed above? YES or <b>NO</b> .***					
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>					

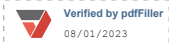
DIRECT DEPOSIT AUTHORIZATION FORM

**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:

*Ginger Hamilton*  
  
 \_\_\_\_\_  
 Primary Date  
 \_\_\_\_\_  
 Spouse Date