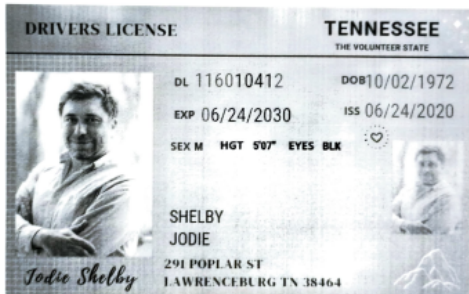


Shelby Scenario

22222	a Employee's social security number 747-00-1040	OMB No. 1545-0008				
b Employer identification number (EIN) 62-0123000		1 Wages, tips, other compensation 18972.00	2 Federal income tax withheld 2250.00			
c Employer's name, address, and ZIP code ABC Company 12 Main Street Lawrenceburg, TN 38464		3 Social security wages 18972.0	4 Social security tax withheld 1176.2			
		5 Medicare wages and tips 18972.0	6 Medicare tax withheld 275.09			
		7 Social security tips	8 Allocated tips			
d Control number		9	10 Dependent care benefits			
e Employee's first name and initial Last name Jodie Shelby 291 Poplar Street Lawrenceburg, TN 38464		11 Nonqualified plans		12a		
		13 Statutory employee <input type="checkbox"/>	Retirement plan <input 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
 Copy 1—For State, City, or Local Tax Department

Department of the Treasury—Internal Revenue Service



Primary Name (as shown on SS Card) Jodie Shelby		Spouse Name (as shown on SS Card)			
Social Security # 747-00-1069	Date of Birth (MM/DD/YYYY) 10/02/1972	Social Security #	Date of Birth (MM/DD/YYYY)		
Can anyone claim you as a dependent? YES or NO Were you married as of Dec 31st? Yes or NO		If married, Live together? Y or N If no when did you separate?(MM/DD/YYYY)			
Occupation: assistant manager		Occupation:			
Email Address: abcemployee@aol.com		Email Address:			
Address IRS can send notices to: 291 Poplar Street		City: Lawrenceburg	State: TN	Zip: 38464	
Phone: Primary 931-629-9956			Phone: Spouse		
Dependents:					
Name	DOB	SS#	SS Card (Y or N)	Relationship	Months in Home in 2022
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 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 _____

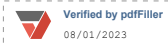
DRIVERS LICENSE INFORMATION

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:

Jodie Shelby



Primary _____ Date _____

Spouse _____ Date _____