

## Talbot Scenario

Krystal is single and does not have any dependents.

She is a waitress and reported all of her tips.

DRIVERS LICENSE

TENNESSEE

THE VOLUNTEER STATE



DL 128763814

DOB 10/02/2021

EXP 09/27/2032

ISS 09/27/2022

SEX F HGT 5'07" EYES GRN



TALBOT  
KRYSTAL  
104 HIGHWAY 22  
APT 3  
UNION CITY TN 38261



*Krystal Talbot*

**2025**

Primary Name (as shown on SS Card) <b>Krystal Talbot</b>		Spouse Name (as shown on SS Card)			
Social Security # <b>400-00-1123</b>	Date of Birth (MM/DD/YYYY) <b>10/2/21</b>	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 not, when did you separate? (MM/DD/YYYY)			
Occupation: <b>waitress</b>		Occupation:			
Email Address: <b>tipme@outlook.com</b>		Email Address:			
Primary Driver License Number <b>128763814</b>		Spouse Driver License Number			
Driver License: Issue Date: <b>9/27/22</b> Expiration Date: <b>9/27/32</b>		Driver License Issue Date: Expiration Date:			
Address IRS can send notices to: <b>104 Hwy 22 Apt 3</b>		City: <b>Union City</b>	State: <b>TN</b> Zip: <b>38261</b>		
Phone: Primary <b>731-478-9966</b>		Phone: Spouse			
<b>Dependents:</b>					
Name	DOB	SS#	SS Card (Y or N)	Relationship	Months in Home in 2024
<b>DEPENDENTS</b>					
<b>***Can anyone else claim your dependent(s) listed above? YES or NO. ***</b>					
<b>Did you, any dependents, or Anyone on your behalf Purchase HEALTH INSURANCE FROM THE MARKETPLACE? YES OR <b>NO</b>?</b>					
Do you or your spouse owe the IRS or have Student Loan debt?			Who owes the debt?		
<p><b>Incorrect information will delay your refund. This Jackson Hewitt office will never knowingly assist you in filing a fraudulent return.</b></p> <p><b>If you cannot provide all your income or expenses at 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.</b></p>					

**Direct Deposit Authorization Form**

Name of Financial Institution: \_\_\_\_\_  
 Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_  
 Type of Account: Please Circle: Checking or Savings

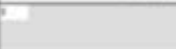
By signing below, you certify that all the information is true, correct, and complete:

*Krystal Talbot*

Primary Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_

Preparer \_\_\_\_\_ Certifies that all the information obtained from the taxpayer and spouse are reported on this return

12312	b. Employer's social security number 400-00-1123	ONE No. 154-0208					
c. Employer identification number (EIN) 00-1123000			3. Wages, tips, other compensation 16859.03	2. Federal income tax withheld 1922.16			
c. Employer's name, address, and ZIP code FAIRVIEW RESTAURANT AND SPORTS BAR 2700 MAIN STREET  YOUR CITY                      YES      ZIP CODE			3. Social security wages 13809.03	4. Social security tax withheld 1045.01			
			5. Medicare wages 16859.03	6. Medicare tax withheld 244.46			
			7. Social security tips 3050.00	8. Allocated tips			
d. Control number			9. 	10. Dependent care benefits			
e. Employer's first name and initial                      Last name                      Suffix			11. Nonqualified plans		12a. See instructions for box 12		
			12b. <input type="checkbox"/> Voluntary Employee <input type="checkbox"/> Nonqualified Plan <input type="checkbox"/> Nonqualified Stock Plan		12c. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
			13. Other		12d. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
					12e. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
					12f. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
f. Employer'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 B—To Be Filed With Employee's FEDERAL Tax Return.

This information is being furnished to the Internal Revenue Service.