

Kittle Scenario

Doreen is single and has military pay. No dependents.

DRIVERS LICENSE

TENNESSEE

THE VOLUNTEER STATE



Doreen Kittle

DL 225783115

DOB 06/11/1983

EXP 09/27/2032

ISS 09/27/2022

SEX F HGT 5'07" EYES GRN



KITTLE
DOREEN
715 UNION STREET
UNION CITY TN 38261



2025

Primary Name (as shown on SS Card) Doreen Kittle		Spouse Name (as shown on SS Card)	
Social Security # 400-00-5152	Date of Birth (MM/DD/YYYY) 06/11/1983	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 not, when did you separate? (MM/DD/YYYY)	
Occupation: navy		Occupation:	
Email Address: dkittle@usnavy.com		Email Address:	
Primary Driver License Number 225783115		Spouse Driver License Number	
Driver License: Issue Date: 09/27/22 Expiration Date: 09/27/32		Driver License: Issue Date: Expiration Date:	
Address IRS can send notices to: 715 Union St		City: Union City	State: TN Zip: 38261
Phone: Primary 731-777-0001		Phone: Spouse	
Dependents:			
Name	DOB	SS#	SS Card (Y or N) Relationship Months in Home in 2024
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 your spouse owe the IRS or have Student Loan debt?		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.</p> <p>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.</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:

Doreen Kittle

Primary Signature _____ Date _____

Spouse Signature _____ Date _____

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

a Employee's social security number 400-00-5152		OMB No. 1545-0008					
b Employer identification number 00-5152002		d Control number		1 Wages, tips, other compensation 33142.56	2 Federal income tax withheld 3733.32		
c Employer's name, address, and ZIP code DEFENSE FINANCE AND ACCOUNTING SERVICE DEPARTMENT OF THE NAVY CORNISH IL 60005				3 Social security wages 33142.56		4 Social security withheld 2054.84	
				5 Medicare wages and tips 33142.56		6 Medicare tax withheld 480.57	
				7 Social security tips		8 Allocated tips	
e Employee's name, address, and ZIP code Doreen Kittle 715 Union St Union City TN 38261				9		10 Dependent care benefits	
				12 See instructions for box 12		14 See instructions for box 14	
				13 <input type="checkbox"/> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay			
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	
