Williams Scenario

Winnie Williams is Single. She is not a student and cannot be claimed as a dependent. Winnie has never received a distribution from any retirement plan and will not receive any distributions before the due date of her return.

DRIVERS LICE	NSE	TENNESSEE THE VOLUNTEER STATE
	₀∟ 105628772	<b>ров</b> 05/25/1993
(3)	exp 09/27/2032	ıss 09/27/2022
	SEX F HGT 5'07" EYES	GRN
	WILLIAMS	26
	WINNIE	
Winnie Williams	85 CREEK RD DYERSBURG TN 38024	

## **Jackson Hewitt**

## Customer Data Sheet

We Must see a PHOTO ID

				2025					
Primary Name (as shown on SS Card) Winnie Williams				Spouse N	Spouse Name (as shown on SS Card)				
Social Security # 400-00-1721	Date of Birth (MM/DD/YYYY) 06/2/83			Social Sec	Social Security # Date of Birth (MM/				
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:				Occupatio	Occupation:				
Email Address: sales				Email Add	lress:				
Primary Driver License Number 105628772				Spouse Dr	Spouse Driver License Number				
Driver License: Issue Date: 9/27/22 Expiration Date: 9/27/32			Driver License Issue Date: Expiration Date:						
Address IRS can send notice	s to:		City:		State:	Zip:			
85 Creek Rd			Dyersbu	ırg	TN	38024			
Phone: Primary 731-445-5000				Phone: Spouse					
Dependents:									
Name		DOB		SS#	SS Card (Y or N)	Relationship	Months in Home in 2024		
	***Can an	yone else c		EPENDENTS E <b>pendent(s) li</b>	isted above? YE	S or NO. ***			
Did you, any dependent	s, or Anyone	on your be	half Purchase	HEALTH INSU	RANCE FROM TH	IE MARKETPLACE?	ES OR NO?		
Do you or your spouse owe	the IRS or have	e Student Loa	n debt?	Wh	no owes the debt?				
Incorrect informatic If you cannot provide al information you will nee	l your income	or expenses at a cost of \$	at this time, ye	ou should not finnal fees and co	le this return. If yo ould possibly owe a	-	ou have additional		

## 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:

Winnie Williams

**Primary Signature** 

Date

Date

Spouse Signature

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

1111	<ul> <li>Employees social security</li> <li>400-00-</li> </ul>		OM5 No. 1545-0008	Τ				
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Dyersburg	TN 38024			L		5 DD 2434.98		
				1	Ohar	4		
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t Enployee's actives	and ZP code			-		Case		
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Form W-2 Statement

Wage and Tax

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.