

Abbott Scenario

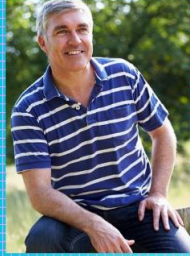
Harley is single and retired.

He has a 1099R.

DRIVERS LICENSE

TENNESSEE

THE VOLUNTEER STATE



DL 114523700

DOB 03/01/1974

EXP 09/27/2032

ISS 09/27/2022

SEX M HGT 5'07" EYES GRN



ABBOTT
HARLEY
117 NEXTDOOR DRIVE
UNION CITY TN 38261

Harley Abbott



2025

Primary Name (as shown on SS Card) Harley Abbott		Spouse Name (as shown on SS Card)			
Social Security # 402-00-1234	Date of Birth (MM/DD/YYYY) 3/1/74	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: retired		Occupation:			
Email Address: retiredabbott@yahoo.com		Email Address:			
Primary Driver License Number 114523700		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 notices to: 117 Nextddor Drive		City: Union City	State: TN	Zip: 38261	
Phone: Primary 731-592-7878		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:

Harley Abbott

Primary Signature _____ Date _____

Spouse Signature _____ Date _____

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

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Defense Finance and Accounting Service US Military Annuitant Pay PO Box 12 Your City YS ZIP Code			1 Gross distribution \$ 5624.00	OMB No. 1545-0119 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. 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. This information is being furnished to the IRS.
			2a Taxable amount \$ 5624.00		
			2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input type="checkbox"/>	
PAYER'S TIN 00-0401222	RECIPIENT'S TIN 402-00-1234		3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$ 727.64	
RECIPIENT'S name Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code			5 Employee contributions/ Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$	
			7 Distribution code(s) 7	8 Other \$ %	
			9a Your percentage of total distribution %	9b Total employee contributions \$	
10 Amount allocable to EIR within 5 years \$	11 1st year of disp. Roth contrib.	12 FATCA filing requirement <input type="checkbox"/>	14 State tax withheld \$	15 State/Payer's state no.	16 State distribution \$
Account number (see instructions)			13 Date of payment \$	17 Local tax withheld \$	18 Name of locality \$
				19 Local distribution \$	