

2025

Primary Name (as shown on SS Card) <b>LEE DOUGLAS</b>		Spouse Name (as shown on SS Card)			
Social Security # <b>775-00-6993</b>	Date of Birth (MM/DD/YYYY) <b>12/16/1964</b>	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: LOTTERY SALES CLERK		Occupation:			
Email Address: <b>DO NOT HAVE ONE</b>		Email Address:			
Primary Driver License Number <b>992466512</b>		Spouse Driver License Number			
Driver License: Issue Date: <b>04/15/2021</b> Expiration Date: <b>12/16/2027</b>		Driver License Issue Date: Expiration Date:			
Address IRS can send notices to: <b>PO BOX 77</b>	City: <b>ETHRIDGE</b>	State: <b>TN</b>	Zip: <b>38456</b>		
Phone: Primary <b>931-221-5698</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 NO?</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: not my bank  
 Routing Number: 264179901 Account Number: 965477258  
 Type of Account: Please Circle:  Checking or  Savings

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

*Mr. Lee Douglas*

02/15/2025

Primary Signature

Date

Spouse Signature

Date

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

Lee Douglas has come to us for years to have his taxes done. His wife passed away in 2020. He is a widow. He has a part time job with a lottery store where he works as a clerk selling tickets. He recently moved in with his daughter. His daughter has a full time job and 2 children. He helps his daughter by paying the electric bill and internet bill for them.

Mr Douglas expects to owe the IRS this year and would like to set up an installment arrangement to pay \$100 a month. He does not currently owe the IRS for any other years.

22222		a Employee's social security number 775-00-6993		OMB No. 1545-0008					
b Employer identification number (EIN) 47-5589343			1 Wages, tips, other compensation 27022.01		2 Federal income tax withheld 0				
c Employer's name, address, and ZIP code GOLD STRIKE 566 OLD CROCKETT STREET LAWRENCEBURG TN 38464			3 Social security wages 27022.01		4 Social security tax withheld 1675.38				
			5 Medicare wages and tips 27022.01		6 Medicare tax withheld 391.81				
			7 Social security tips		8 Allocated tips				
d Control number 2427			9		10 Dependent care benefits				
e Employee's first name and initial LEE DOUGLAS		Last name 564 MAIN STREET		Suff. ETHRIDGE TN 38456		11 Nonqualified plans		12a C o d e	
						13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	12b C o d e
						14 Other	12c C o d e	12d C o d e	
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		
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Form **W-2** Wage and Tax Statement  
Copy 1—For State, City, or Local Tax Department

2024

Department of the Treasury—Internal Revenue Service