


Lincoln Scenario

a Employee's social security number 419-00-7479		Safe, accurate, FAST! Use 		Visit the IRS website at www.irs.gov/efile		
b Employer identification number (EIN) 68-0099073		1 Wages, tips, other compensation 11009.28	2 Federal income tax withheld 0.00			
c Employer's name, address, and ZIP code McTaco 144 Joshua Street Columbia TN 38401		3 Social security wages 11009.28	4 Social security tax withheld 683.00			
		5 Medicare wages and tips 11009.28	6 Medicare tax withheld 160.00			
		7 Social security tips	8 Allocated tips			
		9	10 Dependent care benefits			
e Employee's first name and initial Dug Lincoln 2935 Gibbs Street Pulaski TN 38478		11 Nonqualified plans		12a See instructions for box 12		
		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	12b			
		14 Other		12c		
				12d		
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	

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.

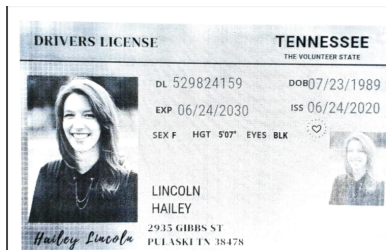
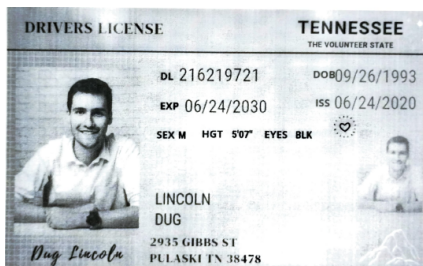
CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Division of Employment Security Andrew Jackson Building		1 Unemployment compensation \$ 18400.00	OMB No. 1545-0120		Certain Government Payments
PAYER'S TIN 62-4568951		2 State or local income tax refunds, credits, or offsets \$	Form 1099-G		
RECIPIENT'S name Dug Lincoln		3 Box 2 amount is for tax year	4 Federal income tax withheld \$ 0.00		Copy B For Recipient This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
Street address (including apt. no.) 2935 Gibbs Street		5 RTAA payments \$	6 Taxable grants \$		
City or town, state or province, country, and ZIP or foreign postal code Pulaski TN 38478		7 Agriculture payments \$	8 If checked, box 2 is trade or business income <input type="checkbox"/>		
Account number (see instructions)		9 Market gain \$	11 State income tax withheld \$		
		10a State	10b State identification no.		

Form 1099-G (keep for your records)

www.irs.gov/Form1099G

Department of the Treasury - Internal Revenue Service



Primary Name (as shown on SS Card) Dug Lincoln		Spouse Name (as shown on SS Card) Hailey Lincoln	
Social Security # 419-00-7479	Date of Birth (MM/DD/YYYY) 09/26/1993	Social Security # 410-00-3379	Date of Birth (MM/DD/YYYY) 07/23/1989
Can anyone claim you as a dependent? YES or NO Were you married as of Dec 31st? es or NO		If married, Live together? Y or N If no when did you separate?(MM/DD/YYYY)	
Occupation: cook		Occupation: unemployed	
Email Address:		Email Address: the3stooges@yahoo.com	
Address IRS can send notices to: 2935 Gibbs Street		City: Pulaski	State: TN
Phone: Primary 731-414-7904		Zip: 38478	
Phone: Spouse 731-423-1040			
Dependents:			
Name	DOB	SS#	SS Card (Y or N)
Relationship	Months in Home in 2022		
Timothy Lincoln	08/23/2010	411-00-3479	
son	12		
Paige Lincoln	11/24/2013	412-00-3379	
daughter	12		
Joel Lincoln	02/14/2008	415-00-9301	
son	12		
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 you spouse owe the IRS or have Student Loan debt? no 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. If you cannot provide all your income or expenses at the 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

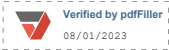
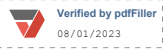
Name of Financial Institution _____
Routing # _____
Account # _____
Type of Account: Checking/ Prepaid Card/ Savings _____

DRIVERS LICENSE INFORMATION

LICENSE NUMBER _____
ISSUE DATE _____
EXPIRATION DATE _____

LICENSE NUMBER _____
ISSUE DATE _____
EXPIRATION DATE _____

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

Dug Lincoln 
 Primary _____ Date _____
Hailey Lincoln 
 Spouse _____ Date _____