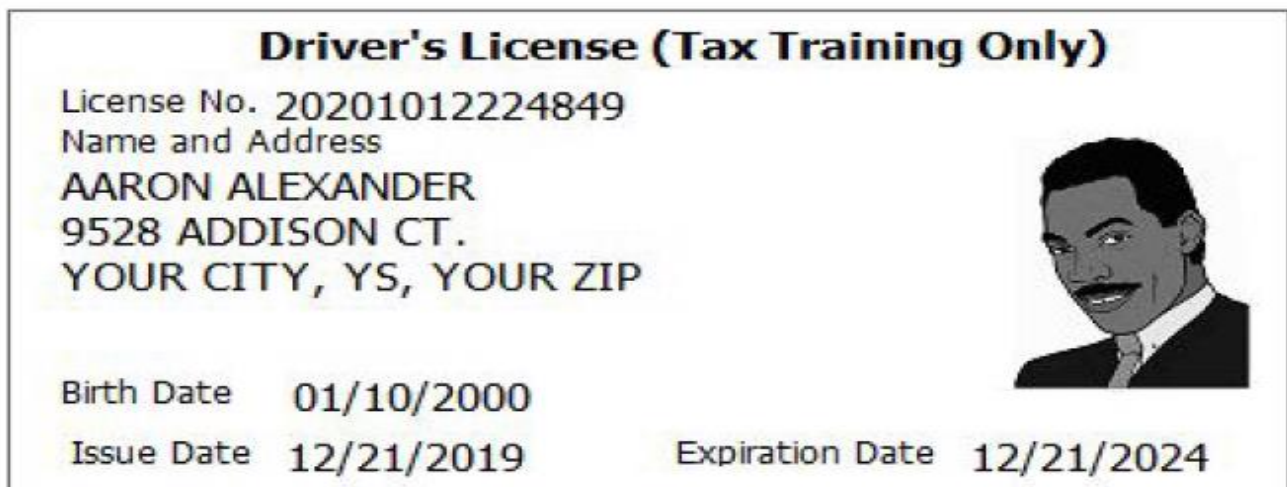
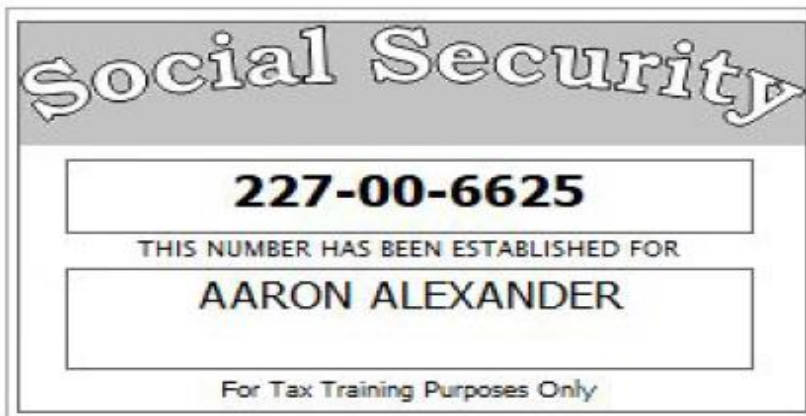


# Taxpayer: Aaron Alexander

## Interview Notes:

- Aaron has never been married. He is not a student.
- Aaron lives with his parents who provide more than half of his support.
- Aaron worked part time until he lost his job in April of the tax year.
- He did not receive the 3<sup>rd</sup> economic impact payment for the tax year.
- His health insurance coverage did not come from the Marketplace.
- If Aaron is due a refund, he would like direct deposit. If he has a balance due, he will mail the payment.



22222		Employees SSN 227-00-6625		OMB No. 1545-0008			
b Employer identification number (EIN)		22-5376267		1 Wages, tips, other compensation \$6,150.49		2 Federal income tax withheld \$595.25	
c Employer's name, address, and ZIP code  ACKERMAN'S LANDSCAPING SERVICE 1809 CARTER AVE. YOUR CITY, YS YOUR ZIP				3 Social security wages \$6,150.49		4 Social security tax withheld \$381.33	
				5 Medicare wages and tips \$6,150.49		6 Medicare tax withheld	
				7 Social security tips		8 Allocated tips	
d Control number				9		10 Dependent care benefits	
e Employee's first name and initial		Last name		Suff.		11 Nonqualified plans	
AARON ALEXANDER 9528 ADDISON CT. YOUR CITY, YS, YOUR ZIP				13 Statutory employee <input type="checkbox"/>		Retirement plan <input type="checkbox"/>	
				14 Other		12a	
						12b	
f Employee's address and ZIP code						12c	
						12d	
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.	
VA 0000526372		\$6,150.49		305.27			
						19 Local income tax	
						20 Locality name	

Form **W-2** Wage and Tax Statement  
Copy 1—For State, City, or Local Tax Department

2021

Department of the Treasury—Internal Revenue Service

<input type="checkbox"/> CORRECTED (if checked)						
PAYER'S name Street address City or town, state or province, country, ZIP or foreign postal code Telephone no.  <b>STATE EMPLOYMENT COMMISSION</b> <b>78283 COMMERCE ST.</b> <b>YOUR CITY, YS YOUR ZIP</b>		1 Unemployment compensation <div style="text-align: right; font-weight: bold;">\$8666</div>		OMB No. 1545-0120  <div style="font-size: 2em; font-weight: bold; text-align: center;">2021</div> Form 1099-G		<b>Certain Government Payments</b>  <b>Copy B For Recipient</b> <small>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.</small>
		2 State or local income tax refunds, credits or offsets		4 Federal income tax withheld		
		PAYER'S TIN <div style="text-align: center;">36-7569636</div>		RECIPIENT'S TIN <div style="text-align: center;">227-00-6625</div>		
RECIPIENT'S name Street address City or town, state or province, country, ZIP or foreign postal code <b>AARON ALEXANDER</b> <b>9528 ADDISON CT.</b> <b>YOUR CITY, YS, YOUR ZIP</b>		5 RTAA payments		6 Taxable grants		
		7 Agriculture payments		8 If checked, box 2 is trade or business income > <input type="checkbox"/>		
		9 Market gain				
Account number (see instructions)		10. State	10b State identification no.	11 State income tax withheld		
		-----		-----		
Form <b>1099-G</b>						

<b>AARON ALEXANDER</b>  9528 ADDISON CT. YOUR CITY, YS, YOUR ZIP	<div style="text-align: right; font-weight: bold; font-size: 1.2em;">1234</div> <hr style="width: 200px; margin: 10px auto;"/>
PAY TO THE ORDER OF _____  _____ CITY CREDIT UNION	\$ _____  DOLLARS
For _____ <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>10-1492378</span> <span>0733629352</span> <span style="font-weight: bold; font-size: 1.2em;">1234</span> </div>	