



INVOICE

23413561D

John Smith

Bill To:

Jane Smith,
1600 Amphitheatre Pkway
Mountain View, CA 94043

Date: Sep 24, 2019

Due Date: Sep 30, 2019

Balance Due: \$4,647.68

Item	Quantity	Rate	Amount
12 ft HDMI cable	12	\$9.99	\$119.88
27" Computer Monitor	12	\$399.99	\$4,799.88
Ergonomic Keyboard	12	\$59.99	\$719.88
Optical mouse	12	\$19.99	\$239.88
Laptop	12	\$1,299.99	\$15,599.88
Misc processing fees	1	\$899.99	\$899.99

Subtotal: \$22,379.39

Discounts (21%): \$4,699.67

Tax (10%): \$1,767.97

Shipping: \$199.99

Total: \$19,647.68

Amount Paid: \$15,000.00

Notes:

This is a test order. No actual transactions took place.

Terms:

Delivery scheduled for second week of October 2019.

Office DEPOT OfficeMax®

LOS GATOS - (408) 356-3757

07/20/2020 5:23 PM



V2VT7XYPQX555YXM6

SALE	950-1-2020-958724-20.6.2
328374	MAT, COOL, LAPTOP 39.99 SS
Subtotal:	39.99
Sales Tax:	3.60
Total:	43.59
Visa 5047:	43.59

AUTH CODE 076243

TDS Chip Read

AID A0000000031010 CITI VISA

TVR 0800008000

CVS PIN Verified

Shop online at www.officedepot.com

WE WANT TO HEAR FROM YOU!

Visit survey.officedepot.com

and enter the survey code below:

15QQ JNFC W3MH

HEALTH INTAKE FORM

Please fill out the questionnaire carefully. The information you provide will be used to complete your health profile and will be kept confidential.

Date: 9/14/19
Name: Sally Walker DOB: 09/04/1986
Address: 24 Barney Lane City: Towaco State: NJ Zip: 07082
Email: sally.walker@gmail.com Phone #: (906) 917-3486
Gender: F Marital Status: Single Occupation: Software Engineer
Referred By: None
Emergency Contact: Eva Walker Emergency Contact Phone: (906) 334-8926

Describe your medical concerns (symptoms, diagnoses, etc):

Runny nose, mucus in throat, weakness,
aches, chills, tired

Are you currently taking any medication? (If yes, please describe):

Vyvanse (25mg) daily for attention



J'WANNA SPANN
107 EQUINOX CIR
LADSON SC 29456-5292

ACCOUNT NUMBER
5-2100-9991-3257
DATE DUE
May 17 2018

Page 1 of 2
AMOUNT DUE
\$148.89

www.sceg.com

CUSTOMER SERVICE - 24 HOURS A DAY

1-800-251-7234, toll-free

EMERGENCY SERVICE - 24 HOURS A DAY

Gas leaks, downed lines or power outages

1-888-333-4465, toll-free

APRIL STATEMENT GENERATED ON:
Apr 26 2018

Electric Usage History - kWh

	Apr 17	Apr 18
kWh used	909	966
Avg regional temp	69	62
Days in billing period	31	32
Cost	\$141.00	\$148.89

For a complete set of tools to analyze your usage,
log on to sceg.com.

ACCOUNT SUMMARY

Previous Bill Amount	\$168.42
ePayment Received 04/15/18 THANK YOU	-168.42
Current Charges	148.89

Amount Due on 5/17/18 \$148.89

A late payment charge of 1.5% may be added to any balance remaining 25 days after billing.
Any remaining balance after 5:00 PM on 5/29/18 is subject to late payment charges.

SUMMARY OF CURRENT CHARGES

Electric Charges	\$148.89
Total Current Charges	\$148.89

CURRENT CHARGES

Electric Charges

RATE PLAN

008 - Residential Service

METER READING

Electric Meter read on 04/24/18 at 10:36 am
(Next scheduled read date 5/24/18)

METER NO.	BILLING PERIOD	DAYS	CURRENT	PREVIOUS	CONSTANT	KWH
001996302	3/23/18 - 4/24/18	32	18764 -	17798 X	1 =	966
Basic Facilities Charge						10.00
First 800 kWh X \$ 0.136440						109.15
Next 166 kWh X \$ 0.130960						21.74
Renewable Energy Resources						0.91
Franchise Fee 5.00% Paid To The Town Of Summerville						7.09
Total Electric Charges						\$148.89

PLEASE KEEP THIS PORTION FOR YOUR RECORDS.

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT, MAKING SURE THE RETURN ADDRESS SHOWS IN THE ENVELOPE WINDOW.



00000000000000 16 RG 116213094 EP

J'WANNA SPANN
107 EQUINOX CIR
LADSON SC 29456-5292

PO Box 100255
Columbia, SC 29202-3255

ACCOUNT NUMBER

5-2100-9991-3257

DATE DUE

May 17 2018

AMOUNT DUE

\$148.89

Please enter amount enclosed.

\$

Write account number on check and make
payable to SCE&G.



52100999132570900000000000004180000014889

Starbucks Coffee France



Starbucks - St Michel Seine
13, Bd Saint Michel
75 005 Paris
Tel : 01 43 26 23 02

96202 - Lionel

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Fct : 020177	22/10/2012	15:42
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Sur Place

1 PUMPKIN SPICE LATTE 4,60

TOTAL H.T. 4,30

TVA 0,30

TOTAL NET 4,60

Especes 5,00

Rendu 0,40-

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TVA 7%	:	4,30	0,30	4,60
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Filing Status

☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)

Check only one box.

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial John F		Last name Doe		Your social security number 1 1 1 2 2 3 3 4 4	
If joint return, spouse's first name and middle initial Mary G		Last name Doe		Spouse's social security number 0 2 0 3 3 5 6 7 8	
Home address (number and street). If you have a P.O. box, see instructions. 11222 Dilling St				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. Studio City			State CA	ZIP code 91602	
Foreign country name		Foreign province/state/county		Foreign postal code	
Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input checked="" type="checkbox"/> You <input type="checkbox"/> Spouse					

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ☐ Yes ☒ No

Standard Deduction

Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness

You: ☐ Were born before January 2, 1956 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1956 ☐ Is blind

Dependents

(see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	Child tax credit	Credit for other dependents
Jane	Doe	1 9 0 4 5 2 3 4 5	daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Michael	Doe	1 5 6 7 8 9 0 1 2	son	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anne	Doe	1 3 0 7 6 5 4 3 2	daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	225,123
2a	Tax-exempt interest	2b	421
3a	Qualified dividends	3b	375
4a	IRA distributions	4b	
5a	Pensions and annuities	5b	1,467
6a	Social security benefits	6b	
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	7	6,329
8	Other income from Schedule 1, line 9	8	
9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	233,715
10	Adjustments to income:		
a	From Schedule 1, line 22	10a	
b	Charitable contributions if you take the standard deduction. See instructions	10b	2,000
c	Add lines 10a and 10b. These are your total adjustments to income ▶	10c	2,000
11	Subtract line 10c from line 9. This is your adjusted gross income ▶	11	231,715
12	Standard deduction or itemized deductions (from Schedule A)	12	17,417
13	Qualified business income deduction. Attach Form 8995 or Form 8995-A	13	8,666
14	Add lines 12 and 13	14	26,083
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	205,632

Standard Deduction for—

- Single or Married filing separately, \$12,400
- Married filing jointly or Qualifying widow(er), \$24,800
- Head of household, \$18,650
- If you checked any box under **Standard Deduction**, see instructions.

16	Tax (see instructions). Check if any from Form(s): 1 <input checked="" type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	33,345
17	Amount from Schedule 2, line 3	17	12,562
18	Add lines 16 and 17	18	45,907
19	Child tax credit or credit for other dependents	19	2,500
20	Amount from Schedule 3, line 7	20	1,127
21	Add lines 19 and 20	21	3,627
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	42,280
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	12,330
24	Add lines 22 and 23. This is your total tax	24	54,610
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	35,998
b	Form(s) 1099	25b	23,650
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	59,648
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC)	27	500
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	500
33	Add lines 25d, 26, and 32. These are your total payments	33	60,148

RefundDirect deposit?
See instructions.

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	5,538
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	5,537
b	Routing number 9 8 7 6 5 4 3 2 1	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number 1 1 1 1 2 2 2 5 5 5 8 8 8 9 9 9 0		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	0

Amount You OweFor details on
how to pay, see
instructions.

37	Subtract line 33 from line 24. This is the amount you owe now	37	5537
38	Estimated tax penalty (see instructions)	38	0


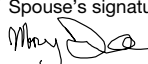
Third Party DesigneeDo you want to allow another person to discuss this return with the IRS? See instructions ☒ **Yes. Complete below.** ☐ **No**

Designee's name ▶ Tom Jones	Phone no. ▶ 310-555-1212	Personal identification number (PIN) ▶ 6 6 6 6
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
Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return?
See instructions.
Keep a copy for
your records.

Your signature  Date 03/03/2021	Your occupation sales	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶ 9 8 7 6
Spouse's signature. If a joint return, both must sign.  Date 03/03/2021	Spouse's occupation manager	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ▶ 2 3 2 3
Phone no. 310-678-2323	Email address johnfdoe@gmail.com	

Paid Preparer Use Only

Preparer's name Tom Jones	Preparer's signature 	Date 03/03/2021	PTIN P12338899	Check if: <input type="checkbox"/> Self-employed
Firm's name ▶ Johns Accounting Services	Phone no.			
Firm's address ▶ 1000 Beverly Dr, Beverly Hills, CA 90210	Firm's EIN ▶ 12-3234323			